

Instructions for Electronic Funds Transfer (EFT) Enrollment/Change/Cancellation

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Please use this guide to prepare/complete your Electronic Funds Transfer (EFT) Authorization Agreement Form. Missing, illegible or incomplete information within the agreement form will delay the benefits of participating in EFT. If you have questions about the authorization agreement form or the enrollment process, please call the Provider Services Department at 1-833-711-0773 or email us at OHRise-Network@aetna.com.

Please note that the descriptions for the data elements contained in the Electronic Funds Transfer (EFT) Authorization Form have been placed in an Appendix to make it easier to complete the form. Please refer to the Appendix when completing the form.

- Are you using one authorization agreement form per tax id number?**
 - Enrollment forms containing more than one tax id will be returned.
- Did you remember to put the NPI # on the authorization agreement form?**
 - Enrollment forms without an NPI number (if the provider is required to have an NPI) will be returned.
 - List additional NPI numbers to be enrolled in the space provided at the end of the enrollment form.
- Have you attached an updated W9 with current mailing address?**
 - Enrollment requests cannot be processed without this information.
 - Blank W9 form provided in packet
- Have you attached a pre-printed voided check with the account holder imprinted on the check or bank letter for new enrollments or changes in bank information?**
 - Enrollment requests cannot be processed without this information.
 - A voided check/bank letter must accompany the form. Deposit Slips, starter checks, handwritten or altered checks will not be accepted. The banking information on the voided check/bank letter must match what is listed on the form.
- Has the form been signed by the appropriate individuals?**
 - Unsigned forms will be returned.
- Have you completed all sections?**
 - Please type or print all requested information clearly. Incomplete and/or illegible fields will cause the form to be returned.

Have a completed form to submit? Forms can be submitted by fax or email.

- Completed new or change authorization agreement forms with voided check and/or bank letter and completed cancellation authorization agreement forms can be submitted through one of the following methods:
Fax to: Aetna Better Health of Ohio Finance at 1-844-252-9565. Only one form per fax. Faxes containing multiple forms will be returned.
Email to: OHEFTFinanceEnrollment@aetna.com. Only one form per email. Emails containing multiple forms will be returned.

Need to change or cancel an existing enrollment?

- Complete a new authorization agreement form to make changes to an existing enrollment or to cancel an existing enrollment. Complete all parts of the form and mark the appropriate choice in the Submission Information section of the form. You are responsible for notifying Aetna Better Health of Ohio of any changes in your information.

Need to check the status of your EFT enrollment?

- Please allow 10-15 business days for processing once enrollment is received. Processing times may vary depending on number of enrollments received, accuracy of the information provided and how legible the form is.
- A confirmation email or letter will be sent to the Provider contact information on the enrollment form once setup is complete.
- A \$0.00 pre-note test transaction will be sent to your financial institution. The pre-note period can take 10-15 days from the processing date of the approved Electronic Funds Transfer (EFT) Authorization Agreement Form.
- Changes to existing banking information will trigger a new 10 to 15 day pre-note period.
- The online instructions on our website at www.aetnabetterhealth.com/ohio will instruct you to contact the Provider Relations Department at 1-833-711-0773 or email OHRise-Network@aetna.com with any questions or to check enrollment status.

Have you contacted your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements from the NACHA ACH/EFT payment file?

- Your financial institution must be a participating member of the Automated Clearinghouse Association (ACH) and accept the CCD+ format. You must proactively contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for the successful reassociation of the EFT payment with the ERA remittance advice.

Do you have a Late or Missing EFT payment or ERA remittance advice?

- If you have not received your EFT payment or the corresponding ERA remittance advice by the 4th business day after you receive either the EFT payment or ERA remittance advice, contact your Provider Relations representative at 1-833-711-0773 or email OHRise-Network@aetna.com

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7400 W. Campus Rd.
 New Albany, OH 43054
 1-833-907-3358
 Fax 844-252-9565



Electronic Funds Transfer (EFT) Authorization Agreement Form
 Page 2 – Definitions for DEG group data elements contained in Appendix.

DEG1 Provider Information	
Provider Name	
Doing Business As Name (DBA)	
Provider Address Street	
City	
State/Province	
ZIP Code/Postal Code	

DEG2 Provider Identifiers Information										
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)										
National Provider Identifier (NPI)										

DEG3 Provider Contact Information	
Provider Contact Name	
Telephone Number	
Email Address	
Fax Number	

DEG7 Financial Institution Information										
Financial Institution Name										
Financial Institution Address Street										
City										
State/Province										
ZIP Code/Postal Code										
Financial Institution Routing Number										
Type of Account at Financial Institution										
Provider's Account Number with Financial Institution										
Account Number Linkage to Provider Identifier - Select from one of the two below										
<input type="checkbox"/>	Provider Tax Identification Number (TIN)									
<input type="checkbox"/>	National Provider Identifier (NPI)									



Electronic Funds Transfer (EFT) Authorization Agreement Form	
Page 3 - Definitions for DEG group data elements contained in Appendix.	
DEG8	Submission Information
Reason for Submission – Select from below	
<input type="checkbox"/>	New Enrollment
<input type="checkbox"/>	Change Enrollment
<input type="checkbox"/>	Cancel Enrollment
Include with Enrollment Submission – Select from below	
<input type="checkbox"/>	Voided Check
<input type="checkbox"/>	Bank Letter
Authorized Signature	
Written Signature of Person Submitting Enrollment	
Printed Name of Person Submitting Enrollment	
Printed Title of Person Submitting Enrollment	

Authorization Agreement – By signing above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below. In addition, I represent and warrant that all of the information that I have provided to Aetna Better Health is accurate and complete.

Electronic Funds Transfers (EFT) Authorization Agreement

We, the Provider, certify that the bank account information listed on this form is under our direct control. We authorize Aetna Better Health of Ohio to initiate credit entries to the account at the bank listed on this form for all claims payments. We authorize and request the bank to accept credit entries by Aetna Better Health of Ohio to such account and to credit the same to such account.

We, the Provider, understand that if our account is closed and a new Electronic Funds Transfer (EFT) Authorization Agreement Form has not been submitted and processed, we will not receive payment until our bank returns the funds to Aetna Better Health of Ohio. This authorization remains in effect until we submit an updated Electronic Funds Transfer (EFT) Authorization Agreement Form requesting termination or change and until such time that Aetna Better Health of Ohio has had a reasonable opportunity to act on such request or Aetna Better Health of Ohio notifies us that this service has been terminated. If our depository information changes, we agree to submit an updated Electronic Funds Transfer (EFT) Authorization Agreement Form to that effect.

Aetna Better Health of Ohio will not debit or deduct funds directly from my bank account for claim overpayments and or refund requests but, If Aetna Better Health of Ohio credits more money than the correct benefits amount to the account, due to duplicate electronic funds transfers (where “duplicate” is defined as multiple electronic funds transfers received for the same services rendered, the same membership and the same dates of service) or erroneous electronic funds transfers (where “erroneous” is defined as complete electronic funds transfers received in error), Aetna Better Health of Ohio will pursue immediate repayment with the Provider.*

* Aetna Better Health of Ohio strictly adheres to the National Automated Clearing House Association (NACHA) guidelines.

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Additional National Provider Identification (NPI) to be enrolled

NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI



Appendix - Data Element Names and Descriptions – To be used for completing the Electronic Funds Transfer (EFT) Authorization Agreement Form
 Page 4

DEG1 PROVIDER INFORMATION	
Data Element Name	Description
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person(s) who actually own it and are responsible for it
Provider Address - Street	The number and street name where a person or organization can be found
Provider Address - City	City associated with provider address field
Provider Address – State/Province	ISO 3166-2 two character code associated with the State/Province/Region of the applicable Country

DEG2 PROVIDER IDENTIFIERS INFORMATION	
Data Element Name	Description
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identifier Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digits number). This means that the numbers do not carry other information about the healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions

DEG3 PROVIDER CONTACT INFORMATION	
Data Element Name	Description
Provider Contact Name	Name of a contact in provider office for handling EFT issues
Telephone Number	Associated with contact person
Email Address	An electronic mail address at which the health plan might contact the provider
Fax Number	A number at which the provider can be sent facsimiles



Appendix - Data Element Names and Descriptions – To be used for completing the Electronic Funds Transfer (EFT) Authorization Agreement Form
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DEG7		FINANCIAL INSTITUTION INFORMATION
Data Element Name	Description	
Financial Institution Name	Official name of the provider’s financial institution	
Financial Institution Address - Street	Street address associated with receiving depository financial institution name field	
Financial Institution Address - City	City associated with receiving depository financial institution address field	
Financial Institution Address – State/Province	ISO 3166-2 two character code associated with the State/Province/Region of the applicable Country	
Financial Institution Address – ZIP Code/Postal Code	System of postal-zone codes (zip stands for “zone improvement plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	
Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited	
Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments, e.g., Checking, Saving	
Provider’s Account Number with Financial Institution	Provider’s account number at the financial institution to which EFT payments are to be deposited	
Account Number Linkage to Provider Identifier	Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice	

DEG8		SUBMISSION INFORMATION
Data Element Name	Description	
Include with Enrollment Submission – Voided Check	A voided check is attached to provide confirmation of Identification/Account Numbers	
Include with Enrollment Submission – Bank Letter	A letter on bank letterhead that formally certifies the account owners routing and account numbers	
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment	
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity	
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment	
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment	



Instructions for Electronic Remittance Advice (ERA) Enrollment/Change/Cancellation
Page 1

Please use this guide to prepare/complete your Electronic Remittance Advice (ERA) Authorization Agreement Form. Missing, illegible or incomplete information within the agreement form will delay the benefits of participating in ERA. The following is a reference guide only, **do not fax, or email the instructions with the completed authorization form. Return Pages 2-3 ONLY.** If you prefer to enroll/change/cancel electronically, please go to our website at www.aetnabetterhealth.com/ohio for the electronic form and instructions. If you have questions about the authorization agreement form or the enrollment process, please contact the Provider Services Department at 1-833-711-0773 or email us at OHRise-Network@aetna.com.

Please note that the descriptions for the data elements contained in the Electronic Remittance Advice (ERA) Authorization Form have been placed in an Appendix to make it easier to complete the form. Please refer to the Appendix when completing the form.

- Are you using one authorization agreement form per tax id number?**
 - Enrollment forms containing more than one tax id will be returned.

- Did you remember to put the NPI # on the authorization agreement form?**
 - Enrollment forms without an NPI number (if the provider is required to have an NPI) will be returned.
 - List additional NPI numbers to be enrolled in the space provided at the end of the enrollment form.

- Additional Information**
 - Please contact your vendor for additional information on which distribution method to utilize as each vendor/clearinghouse may have a different distribution method.
 - If you do not use a vendor and have questions, please contact the Provider Services Department at **1-833-711-0773** or email OHRise-Network@aetna.com.
 - If you would like to link directly with Emdeon please contact Emdeon Sales at 1-877-363-3666. There may be an additional cost associated with linking directly with Emdeon.

- Need to change or cancel an existing enrollment?**
 - Complete a new authorization agreement form to make changes to an existing enrollment or to cancel an existing enrollment. Complete all parts of the form and mark the appropriate choice in the Submission Information section of the form. You are responsible for notifying Aetna Better Health of Ohio of any information changes.

- Has the form been signed by the appropriate individuals?**
 - Unsigned forms will be returned.

- Have you completed all sections?**
 - Please type or print all requested information clearly. Incomplete and/or illegible fields will cause the form to be returned.

- Have a completed form to submit? Forms can be submitted by fax or email.**
 - Completed new, change and cancellation authorization agreement forms can be submitted through one of the following methods:
Fax to: Aetna Better Health of Ohio, Provider Services Department Fax: 1-860-907-3358. **Only one form per fax.** Faxes containing multiple forms will be returned.
Email to: OHRise-Network@aetna.com. **Only one form per email.** Emails containing multiple forms will be returned.

- Need to check the status of your ERA enrollment?**
 - Please allow 10-15 business days for processing once enrollment is received. Processing times may vary depending on number of enrollments received, accuracy of the information provided and how legible the form is.
 - The online instructions on our website at www.aetnabetterhealth.com/ohio will instruct you to contact the Provider Services Department at **1-833-711-0773** or email OHRise-Network@aetna.com with any questions or to check enrollment status.

- Have you contacted your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements from the NACHA ACH/EFT payment file?**
 - Your financial institution must be a participating member of the Automated Clearinghouse Association (ACH) and accept the CCD+ format. You must proactively contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for the successful reassociation of the EFT payment with the ERA remittance advice.

- Do you have a Late or Missing EFT payment or ERA remittance advice?**
 - If you have not received your EFT payment or the corresponding ERA remittance advice by the 4th business day after you receive either the EFT payment or ERA remittance advice, contact your Provider Services representative at **1-833-711-0773**, email us at OHRise-Network@aetna.com or fax us at 1-860-907-3358.



Electronic Remittance Advice (ERA) Authorization Agreement										
Page 2 – Definitions for DEG group data elements contained in Appendix.										
DEG1		PROVIDER INFORMATION								
Provider Name										
Doing Business As Name (DBA)										
Provider Address Street										
City										
State/Province										
Zip Code/Postal Code										
DEG2		PROVIDER IDENTIFIERS INFORMATION								
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)										
National Provider Identifier (NPI)										
DEG3		PROVIDER CONTACT INFORMATION								
Provider Contact Name										
Telephone Number										
Email Address										
Fax Number										
DEG7		ELECTRONIC REMITTANCE ADVICE INFORMATION								
Preference For Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below										
Provider Tax Identification Number (TIN)										
National Provider Identifier (NPI)										
Method of Retrieval										
DEG8		ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION								
Clearinghouse Name										
Clearinghouse Contact Name										
Telephone Number										
Email Address										
DEG10		SUBMISSION INFORMATION								
Reasons For Submission – Select from below										
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment										



Electronic Remittance Advice (ERA) Authorization Agreement	
Page 3 – Definitions for DEG group data elements contained in Appendix.	
Authorized Signature	
Written Signature of Person Submitting Enrollment	
Printed Name of Person Submitting Enrollment	
Printed Title of Person Submitting Enrollment	

Authorization Agreement – By signing above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.

Authorization Agreement
<u>Electronic Remittance Advice (ERA)</u>
An ERA is an electronic version of a payment explanation of benefits (EOB) explaining claims payment or denial.
This authorization is to remain in effect until Aetna Better Health of Ohio has received an ERA cancellation notification from me that affords Aetna Better Health of Ohio a reasonable opportunity to act on it. Please allow 10-15 business days for processing once enrollment is received. Processing times may vary depending on number of enrollments received, accuracy of the information provided and how legible the form is.

Additional Required Information For Enrollment – MUST BE COMPLETED

ERA Receiver Information**		
Receiver ID		
Distribution Method** (must indicate one method)	<input type="checkbox"/> FTP Internet Log ID (8 characters) <input type="checkbox"/> TSO ID <input type="checkbox"/> NDMs Node Name (unique vendor ID) lower case <input type="checkbox"/> Emdeon Office (email address)*** <input type="checkbox"/> Emdeon Payment Manager	Distribution

ERA Receiver Information and Distribution Method Choices(Receiver ID must accompany the Distribution Method):**

1. FTP Internet- this may be an FTP log on or it may be used to list the payment manager connection. MEDICOM is the distribution method when using payment manager.
2. TSO Mailbox- this is a dial up connection.
3. NDM S Node- this is typically used for 837 claim submissions.
4. Emdeon Office*** is a suite of Emdeon practice management products, which includes a multitude of provider products. Emdeon Office should only be selected if you as the provider use the suite of Emdeon Office practice management products.
5. Emdeon Payment Manager – Enter Payment Manager as the Receiver ID even if enrolling for Payment Manager as part of this ERA enrollment.

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Additional Information Required If Enrolling in Emdeon Payment Manager – Offered at no additional cost		
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Check the correct box to indicate a Payment Manager request	Yes <input type="checkbox"/> No <input type="checkbox"/>	Both ERA and Payment Manager <input type="checkbox"/>
If Payment Manager, does a User ID already exist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Manager User ID:

Additional National Provider Identification (NPI) to be enrolled		
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NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI

General Reference Information	
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Payer Information	
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Payer ID: Aetna Better Health of Ohio 50023	Tax ID: 45-2764938
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Emdeon Confirmations – Internal Use Only	
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Send Emdeon 835 enrollment confirmations to: OHRise-Network@aetna.com



Appendix - Data Element Names and Descriptions – To be used for completing the Electronic Remittance Advice (ERA)

Authorization Agreement

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DEG1 PROVIDER INFORMATION	
Data Element Name	Description
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person(s) who actually own it and are responsible for it
Provider Address - Street	The number and street name where a person or organization can be found
Provider Address - City	City associated with provider address field
Provider Address – State/Province	ISO 3166-2 two character code associated with the State/Province/Region of the applicable Country
Zip Code/Postal Code	System of postal-zone codes (zip stands for “zone improvement plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities

DEG2 PROVIDER IDENTIFIERS INFORMATION	
Data Element Name	Description
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identifier Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digits number). This means that the numbers do not carry other information about the healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions

DEG3 PROVIDER CONTACT INFORMATION	
Data Element Name	Description
Provider Contact Name	Name of a contact in provider office for handling ERA issues
Telephone Number	Associated with contact person
Email Address	An electronic mail address at which the health plan might contact the provider
Fax Number	A number at which the provider can be sent facsimiles



Appendix - Data Element Names and Descriptions – To be used for completing the Electronic Remittance Advice (ERA) Authorization Agreement
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DEG7 ELECTRONIC REMITTANCE ADVICE INFORMATION	
Data Element Name	Description
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below	Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment
Provider Tax Identification Number (TIN)	
National Provider Identifier (NPI)	
Method of Retrieval	The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)

DEG8 ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION	
Data Element Name	Description
Clearinghouse Name	Official name of the provider’s clearinghouse
Clearinghouse Contact Name	Name of a contact in clearinghouse office for handling ERA issues
Telephone Number	Telephone number of contact
Email Address	An electronic mail address at which the health plan might contact the provider’s clearinghouse

DEG10 SUBMISSION INFORMATION	
Data Element Name	Description
Reason for Submission - Select from below	
New Enrollment	
Change Enrollment	
Cancel Enrollment	
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment.
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment