



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. 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/pennsylvania for the electronic form and instructions. If you have questions about the authorization agreement form or the enrollment process, please call Provider Relations at 1-866-638-1232 or email us at ABHProviderRelationsMailbox@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 will be returned.
- 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.
- 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 any changes in your information.
- 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, Finance at 860-262-7836. **Only one form per fax.** Faxes containing multiple forms will be returned.
Email to: Medicaidfinance-PA@aetna.com. **Only one form per email.** Emails containing multiple forms will be returned.
- 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 letter will be sent to the Provider Address 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/pennsylvania will instruct you to contact Provider Relations at **1- 866-638-1232** or email ABHProviderRelationsMailbox@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 **1-866-638-1232** or email us at ABHProviderRelationsMailbox@aetna.com or fax us at 860-262-7836.



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

- New Enrollment**
- Change Enrollment**
- Cancel Enrollment**

Include with Enrollment Submission – Select from below

- Voided Check**
- 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 ABH 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, on behalf of itself and its affiliates (hereinafter "ABH"), 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 ABH 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 ABH. 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 ABH has had a reasonable opportunity to act on such request or ABH 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.

ABH will not debit or deduct funds directly from my bank account for claim overpayments and or refund requests but, If ABH 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), ABH will pursue immediate repayment with the Provider.*

*ABH strictly adheres to the National Automated Clearing House Association (NACHA) guidelines.



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

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	