



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

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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 AetnaBetterHealth.com/Illinois for the electronic form and instructions. If you have questions about the authorization agreement form or the enrollment process, please contact Provider Experience at 1-866-600-2139 (option 2), or email us at ILProviderUPdates@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 Provider Experience at **1-866-600-2139 (option 2)**, or email ILProviderUPdates@aetna.com.
 - If you would like to link directly with Change Healthcare please contact Change Healthcare Sales at 1-877-363-3666. There may be an additional cost associated with linking directly with Change Healthcare.

- 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 Premier Plan MMAI 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 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 Provider Experience at 1-860-754-0435. **Only one form per fax.** Faxes containing multiple forms will be returned.
Email to: ILProviderUPdates@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 AetnaBetterHealth.com/Illinois will instruct you to contact your Provider Experience at **1-866-600-2139 (option 2)**, or email ILProviderUPdates@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?**

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Downers Grove, IL 60515

1-866-600-2139

Fax 860-754-0435



- 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 Experience at **1-866-600-2139 (option 2)**, or email us at ILProviderUPdates@aetna.com, or fax us at 860-754-0435.



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

Electronic Remittance Advice (ERA)

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 Premier Plan MMAI has received an ERA cancellation notification from me that affords Aetna Better Health Premier Plan MMAI 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 and Distribution Method Choices (Receiver ID must accompany the Distribution Method):**

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"/> Change Healthcare Office (email address)*** <input type="checkbox"/> Change Healthcare Payment Manager | Distribution |

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. Change Healthcare Office*** is a suite of Change Healthcare practice management products, which includes a multitude of provider products. Change Healthcare Office should only be selected if you as the provider use the suite of Change Healthcare Office practice management products.
5. Change Healthcare 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 Change Healthcare Payment Manager – Offered at no additional cost | | |
|---|--|---|
| 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: |

| | | |
|---|--|---|
| 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 | | |
|--|-----|-----|
| NPI | NPI | NPI |
| NPI | NPI | NPI |
| NPI | NPI | NPI |
| NPI | NPI | NPI |
| NPI | NPI | NPI |

| | | |
|-----|-----|-----|
| NPI | NPI | NPI |
| NPI | NPI | NPI |
| NPI | NPI | NPI |
| NPI | NPI | NPI |
| NPI | NPI | NPI |

| General Reference Information | |
|--|-----------------------|
| Payer Information | |
| Payer ID: Aetna Better Health Premier Plan MMAI 26337 | Tax ID: 27-2512072 |

| Change Healthcare Confirmations – Internal Use Only |
|--|
| Send Change Healthcare 835 enrollment confirmations to: ILProviderUPdates@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 |

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| DEG3 | | PROVIDER CONTACT INFORMATION |
|-------------------|---|------------------------------|
| Data Element Name | Description | |
| 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 |