



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 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 1-855-364-0974, or email us at OH_ProviderServices@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 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 1-855-364-0974, or email OH_ProviderServices@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: 1-855-826-3809. **Only one form per fax.** Faxes containing multiple forms will be returned.
Email to: OH_ProviderServices@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 1-855-364-0974, or email OH_ProviderServices@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 1-855-364-0974, email us at OH_ProviderServices@aetna.com or fax us at 1-855-826-3809.



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 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** <i>(must indicate one method)</i>	<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)***	Distribution

ERA Receiver Information and Distribution Method Choices:**

1. 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.
2. 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.
3. TSO Mailbox- this is a dial up connection.
4. NDM S Node- this is typically used for 837 claim submissions.

AETNA BETTER HEALTH® OF OHIO

7400 W. Campus Rd.
 New Albany, OH 43054
 1-855-364-0974
 Fax 1-855-826-3809



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

Send Emdeon 835 enrollment confirmations to: OH_ProviderServices@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