

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 Relations 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 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 1-855-364-0974 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 Relations representative at 1-855-364-0974 or email us at OH_ProviderServices@aetna.com or fax us at 1-855-826-3809.

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

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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	

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.