

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 2-4 ONLY.** If you prefer to enroll/change/cancel electronically, please go to our website at www.aetnabetterhealth.com/california for the electronic form and instructions. If you have questions about the authorization agreement form or the enrollment process, please contact Provider Relations at 1-855-772-9076 or email us at CaliforniaProviderRelationsDepartment@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 Relations at **1-855-772-9076** or email CaliforniaProviderRelationsDepartment@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 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 California 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 of California Provider Relations at **1-844-886-8349**. **Only one form per fax.** Faxes containing multiple forms will be returned.
Email to: CaliforniaProviderRelationsDepartment@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/california will instruct you to contact Provider Relations at **1-855-772-9076** or email us at CaliforniaProviderRelationsDepartment@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 **1-855-772-9076** or email us at CaliforniaProviderRelationsDepartment@aetna.com, or fax us at 1-844-886-8349.



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

- New Enrollment
- Change Enrollment
- 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 California has received an ERA cancellation notification from me that affords Aetna Better Health of California 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"/> Change Healthcare Office (email address)*** <input type="checkbox"/> Change Healthcare 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. 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.



Page 4 - 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:

Additional National Provider Identification (NPI) to be enrolled

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 of California 128CA	Tax ID: 47-5178095
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Change Healthcare Confirmations – Internal Use Only

Send Change Healthcare 835 enrollment confirmations to:
CaliforniaProviderRelationsDepartment@aetna.com



Appendix - Data Element Names and Descriptions – To be used for completing the Electronic Remittance Advice (ERA) Authorization Agreement
Page 5

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
Page 6

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