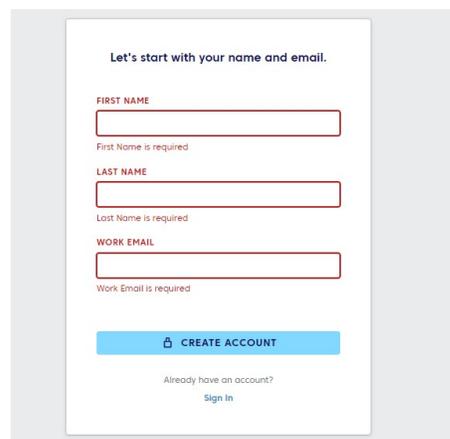
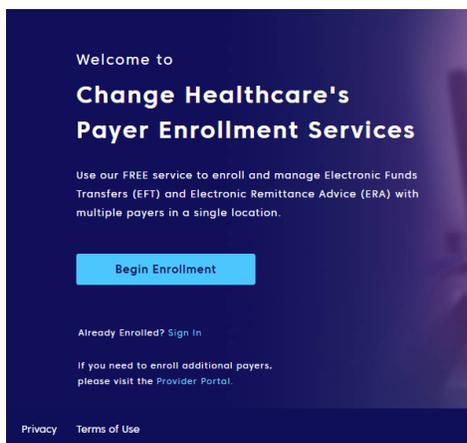


For both Electronic Funds Transfers (EFT) and Electronic Remittance Advice (ERA), Aetna Better Health of Kentucky utilizes the EFT/ERA Registration Services (EERS) from Change Healthcare. Enrollment in EERS is required for Aetna Better Health of Kentucky participating providers.

Below are instructions to create an account in EERS. If you need further assistance creating your account, you can visit the [Change Healthcare FAQ page](#) or contact the Change Healthcare Support Team at **1-800-956-5190** Monday through Thursday from 8 AM to 5 PM CST.

## CREATING YOUR ACCOUNT

**STEP 1:** Navigate to <https://payerenrollservices.com/> and click “Begin Enrollment”. Enter your name and email as instructed and click “Create Account”.



The screenshot shows the account creation form. It has a white background with a light gray border. The heading is "Let's start with your name and email." There are three input fields: "FIRST NAME" with a red border and a red error message "First Name is required" below it; "LAST NAME" with a red border and a red error message "Last Name is required" below it; and "WORK EMAIL" with a red border and a red error message "Work Email is required" below it. A blue button labeled "CREATE ACCOUNT" is at the bottom. Below the button, there is a link "Already have an account? Sign In".

**STEP 2:** You will receive an email confirming your account creation. In the email you receive, click “Create Password” to complete account creation. After you have successfully updated your account password, you will receive a confirmation on screen. You will not be redirected back to the login screen.

NEXT STEP

Create your password by Sunday, March 19, 2023, 18:07 CST. If you've already created a password for another Change Healthcare application managed by Identity Access Management, please disregard this email.

Your username is [REDACTED]

[CREATE PASSWORD](#)

If you are having trouble, copy and paste this URL into your web browser:  
<https://uycmuzyv5h.execute-api.us-east-1.amazonaws.com/api/site/welcome/57332f38-5e5b-4d67-a226-39ed1320c6fa>

Do not forward this email. The link is unique to your username.



**STEP 3:** Re-navigate to the login screen at <https://payerenrollservices.com/> and sign in with the credentials you just created.

## ENROLLING IN THE EERS SYSTEM

**STEP 1:** Upon signing in for the first time, you will be able to submit your EERS enrollment. You can sign up for EFT, ERA, or both (if you do not register for both EFT and ERA at this time, you can register for additional services at a later date).

Enter your Name, Doing Business As Name (DBA), Business Address, Tax ID Number (TIN), and National Provider Identifier (NPI). While a TIN is required for registration, an NPI is not.

If you enter a TIN that is already registered in EERS, you will receive the following error message and must re-enter your TIN.



If any information you've entered is invalid, you will receive the following error message and must correct the erroneous credentials.

### Something Went Wrong

The Legal Business Name and TaxID you provided does not match IRS records. Please check your entry to ensure it matches your CP575 or Income Tax Return. If you've verified your information is correct, check the box "My Information is Correct" and click "Continue".

SAVE & COMPLETE LATER

REVIEW MY INFORMATION

**STEP 2:** After entering correct credentials, enter your contact information. If you utilize an outside billing agency, you will have the option to enter their information here (in addition to your own).

### Provider Contact Information Secure Connection

This is the person in the provider's office that handles ERA/EFT business.

PROVIDER CONTACT NAME \* ? TITLE ?

Bill Jones Billing Specialist

TELEPHONE NUMBER \* TELEPHONE EXTENSION NUMBER EMAIL ADDRESS \*

Provider Agent Information

DO YOU UTILIZE AN OUTSIDE BILLING AGENCY AS AN AUTHORIZED AGENT FOR YOUR BUSINESS? \*

Yes  No

BACK Save & Complete Later CONTINUE ▶

**STEP 3:** For EFT services, you will need to enter your financial information. If you wish to only enroll in ERA services at this time, select "NO" and click continue.

### Financial Institution Information Secure Connection

To create an EFT enrollment, financial institution information is required.

Would you like to add a financial institution account?

Yes  No

BACK Save & Complete Later CONTINUE ▶

**STEP 4:** If you opt to enroll in EFT services, select “YES” and click continue. You will enter your bank information here. You will need the account number, routing number, and account holder information.

**Add New Financial Institution** [Close]

PROVIDER, TIN  
Test Hospital, 666006789

Enter your financial institution information for where EFT payments will be deposited.

ACCOUNT TYPE \*  
 Checking  Savings

FINANCIAL INSTITUTION NAME \* ⓘ FINANCIAL INSTITUTION NICKNAME (OPTIONAL)  
[Text Field] [Text Field]

FINANCIAL INSTITUTION ROUTING NUMBER \* ⓘ CONFIRM FINANCIAL INSTITUTION ROUTING NUMBER \* ⓘ  
[Text Field] [Text Field]

PROVIDER'S ACCOUNT NUMBER WITH FINANCIAL INSTITUTION \* ⓘ CONFIRM PROVIDER'S ACCOUNT NUMBER WITH FINANCIAL INSTITUTION \* ⓘ  
[Text Field] [Text Field]

**Account Owner**  
Please enter the name on the financial institution account exactly as it appears on your checks.

BANK ACCOUNT OWNER TYPE \* NAME ON BANK ACCOUNT \*  
 Business  Individual [Text Field]

[SUBMIT] [CANCEL]

If account details entered are incorrect or if the institution is not in the system, you may need to upload an image of a voided check from the account in question to have the account manually authenticated. You can add multiple receiving accounts at this time.

**STEP 5:** Next, you will add a payer enrollment for Aetna Better Health. While these instructions are specifically for enrollment with Aetna, you can add as many payer enrollments as you wish. All payers who utilize the EERS system will be listed.

**Enrollment** [Secure Connection]

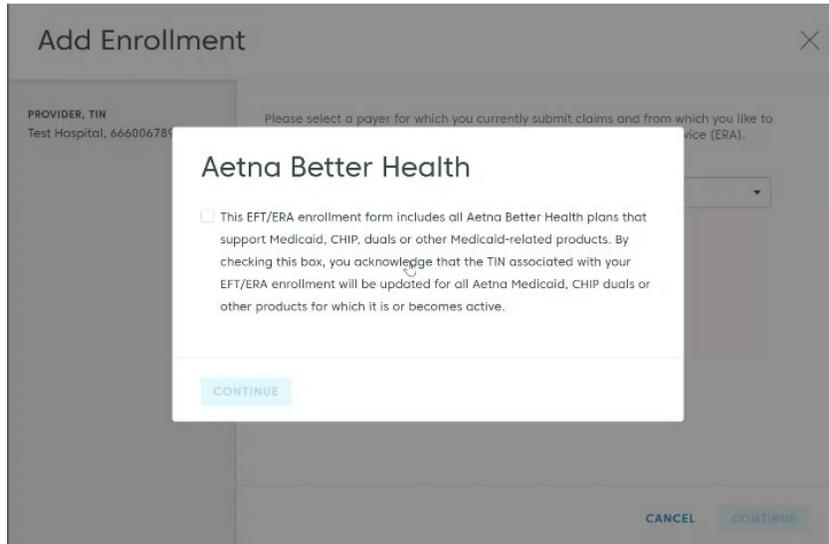
Add enrollments for payers who you currently submit claims for and would like to receive electronic payments and/or electronic remittance advices from.

Payer Enrollment 0 [ + ADD ENROLLMENT ]

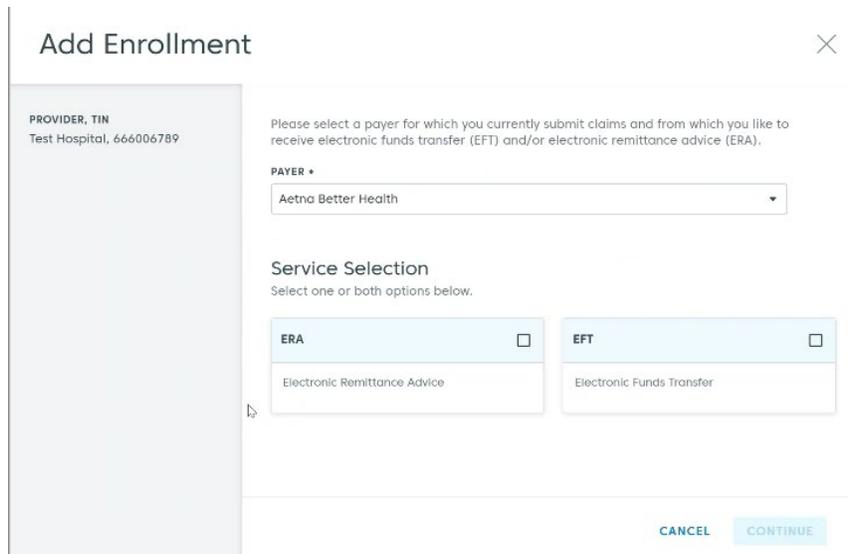
start by [adding an Enrollment](#)

[BACK] [Save & Complete Later] [CONTINUE ▶]

Attest that you are enrolling in EFT/ERA services with Aetna Better Health and click “CONTINUE”.



**STEP 6:** Next, you will select which Aetna Better Health enrollment you’d like to complete: EFT, ERA, or both.



At this time, you can select to enroll your TIN only or TIN and NPI. While only a TIN is required to enroll, the addition of an NPI will allow you to enroll multiple payees or accounts with a single enrollment. You can also select a future effective date for your enrollment if desired.

**Add Enrollment**

**PROVIDER, TIN**  
Test Hospital, 666006789

**PAYER**  
Aetna Better Health

**SERVICE**  
ERA, EFT

**Account Number Linkage to Provider Identifier & Preference for Aggregation of Remittance Data**  
Please indicate the preference for grouping claim payments and remittance

**TIN**   
Receive payments/ remittance for all providers associated with your TIN.  
[More Info](#)

**TIN & NPI(s)**   
Set up some of the Billing NPIs under the TIN for this enrollment.  
[More Info](#)

**TIN & NPI(s)**  
This will restrict your ERA/EFT enrollment to the TIN/NPI combinations provided. Those NPIs will utilize a single bank account identified in the next step.

**BILLING NPI (1 MINIMUM)** + [+ ADD NPI](#)  
1104957257

If you would like this enrollment to be effective in the future, please specify the date below:  
**Effective Date:** MM/DD/YYYY

Calendar view for March 2023. Buttons: BACK, CANCEL, CONTINUE.

**STEP 7:** If you use a clearinghouse, you will need to enter their information here for ERA enrollment. Select the clearinghouse from the drop-down menu. If you've added multiple bank accounts, you will select which account to use as primary at this step.

**NOTE:** You will need your clearinghouse's Trading Partner ID. Please contact your clearinghouse for this information to you if you do not have it.

**Add Enrollment**

**PROVIDER, TIN**  
Test Hospital, 666006789

**PAYER**  
Aetna Better Health

**SERVICE**  
ERA, EFT

**PAYMENTS & REMITTANCE GROUPING**  
TIN & NPI(s), 1104957257

**EFFECTIVE DATE**  
5/11/23

**ERA Information**  
Select how you would like to receive ERAs from this payer.

**METHOD OF RETRIEVAL** +   
Clearinghouse

**CLEARINGHOUSE NAME** +   
Select...

Buttons: BACK, CANCEL, CONTINUE.

**STEP 8:** Once your enrollment is application is completely filled out, you will receive the following screen. From here, you can make edits to your enrollment before submitting. If you have no updates, click “CONTINUE”.

## Enrollment 🔒 Secure Connection

Add enrollments for payers who you currently submit claims for and would like to receive electronic payments and/or electronic remittance advices from.

Payer Enrollment 1
+ ADD ENROLLMENT

PAYER	SERVICE	PROVIDER BANK	NPI	METHOD OF RETRIEVAL	Edit
Aetna Better Health	ERA, EFT	Chase Test - 1212	1104957257	Clearinghouse - DXCTECH (Kansas)	✎ 🗑

BACK
Save & Complete Later
CONTINUE ▶

**STEP 9:** Review terms & conditions, agree and authorize, and then click “SUBMIT ENROLLMENT” as shown below.

## Terms & Conditions 🔒 Secure Connection

Payer Enrollment Services
Download

CHANGE HEALTHCARE PROPRIETARY AND CONFIDENTIAL

CHANGE HEALTHCARE PAYER ENROLLMENT SERVICES

TERMS OF SERVICE

Last Updated: June 1, 2021

This is a legal agreement between the healthcare provider registering through this site (“Provider” “you” or “your”) and Change Healthcare Operations, LLC and its affiliates (“Change Healthcare” “CHC,” “we,” or “us”) regarding your use of the CHC hosted and branded portal (the “Portal”). Change Healthcare maintains and operates as part of its Payer Enrollment Services (the “Services”). Together, the Portal and the Services are called the “Platform”).

The Portal connects Providers with healthcare organizations, health plans and other organizations that participate in the Services (the “Participants”) to help facilitate access to information the Participants require for Providers to receive electronic funds transfer payments (“EFTs”) and/or electronic remittance advice (“ERAs”) that the Participants initiate and complete outside of the Platform, either directly or through one or more clearinghouses. Access to the Portal is only offered and made available to Providers that have and continue to maintain a separate agreement with at least one Participant based on information CHC obtains directly from the Participants.

PREV
Page 01 of 8
NEXT

Authorized Signature 👤

I am authorized and agreeing to the terms and conditions

BACK
Save & Complete Later
SUBMIT ENROLLMENT ▶

**STEP 10:** If there are any inaccuracies in your enrollment (such as TIN registration or bank account confirmation), you will receive the following screen. Here you can submit additional documentation necessary to complete the enrollment.

### Additional Information Required Secure Connection

Federal regulations require we verify your TIN, however the Provider Name and/or Tax ID you provided cannot be verified. To assist you in your application for EFT enrollment, you may upload a digital file of your organization's EIN Confirmation Letter CP575 or EIN Verification Letter 147C provided to you by the IRS.

**Provider Name:** Test Hospital  
**TIN:** 666006789

You may log out by pressing **Save & Complete Later** if you need time to find or obtain this documentation. When you log back in you will see this pop up again and will be able to upload the document to the application record for manual review by our enrollment team.

**Please Note:** The document must be an EIN Confirmation Letter CP575 or EIN Verification Letter 147C IRS document. If you are unable to locate your document, you must contact the IRS directly by calling 1-800-829-4933.

A max of 2 MB may be submitted at once

Upload Attachment(s)

Drag supported files here

PNG, JPG, GIF, PDF or DOC

OR

**BROWSE FILES**

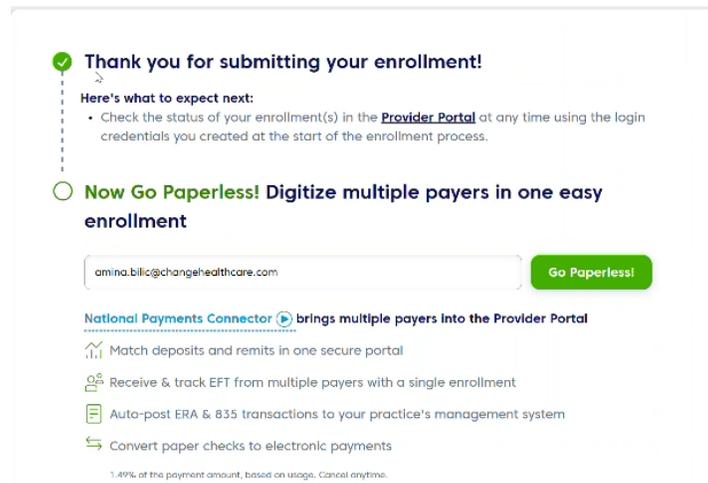
0 file uploaded

FILE	FILE SIZE	STATUS
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**Save & Complete Later** **SUBMIT ENROLLMENT**

**STEP 11:** If all of the information you've entered is correct and verifiable, your enrollment will auto-approve, and you will receive the following screen. You will also receive an email confirming your successful enrollment. Both the confirmation screen and email contain a link to the associated provider portal. Here, you can review your enrollment status, make changes, and contact Change Healthcare customer service.

Review and completion of enrollment can take up to ten (10) business days, but time will vary depending on the accuracy and complexity of enrollment.



Thank you for submitting your enrollment!

Here's what to expect next:

- Check the status of your enrollment(s) in the [Provider Portal](#) at any time using the login credentials you created at the start of the enrollment process.

Now Go Paperless! Digitize multiple payers in one easy enrollment

[Go Paperless!](#)

**National Payments Connector** brings multiple payers into the Provider Portal

- Match deposits and remits in one secure portal
- Receive & track EFT from multiple payers with a single enrollment
- Auto-post ERA & 835 transactions to your practice's management system
- Convert paper checks to electronic payments

1.49% of the payment amount, based on usage. Cancel anytime.

## ENROLLMENT COMPLETE

If you encounter any technical issues while completing your registration in the EERS system, please contact Change Healthcare customer service at **1-800-956-5190** Monday through Thursday from 8 AM to 5 PM CST.

While Aetna Better Health of Kentucky does not have the ability to access or adjust provider enrollments, the Network Relations team is available at [KYPROVIDERRELATIONS@AETNA.COM](mailto:KYPROVIDERRELATIONS@AETNA.COM) or **1-855-300-5528** to help in any way we can.