AETNA BETTER HEALTH® OF NEW JERSEY
3 Independence Way, Suite 400
Princeton, NJ 08540-6626
1-855-232-3596
Fax 1-844-362-1710

Instructions for Electronic Funds Transfer (EFT) Enrollment/Change/Cancellation

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. 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/newjersey for the electronic form and instructions. If you have questions about the authorization agreement form or the enrollment process, please call the Provider Services Department at 1-855-232-3596 or email us at AetnaBetterHealth-NJ-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 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.

☐ **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 New Jersey of any changes in your information.

☐ **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 New Jersey Finance at 1-844-362-1710**. Only one form per fax.** Faxes containing multiple forms will be returned.
  Email to: NJFinanceEFTEnrollment@aetna.com. **Only one form per email**. Emails containing multiple forms will be returned.

☐ **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 letter will be sent to the Provider Address 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/newjersey** will instruct you to contact the Provider Services Department at **1-855-232-3596** or email AetnaBetterHealth-NJ-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 **1-855-232-3596** or email us at AetnaBetterHealth-NJ-ProviderServices@aetna.com or fax us at 1-844-219-0223.

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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

☐ **Provider Tax Identification Number (TIN)**

☐ **National Provider Identifier (NPI)**

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Page 3 - Definitions for DEG group data elements contained in Appendix.

DEG8	Submission Information

Reason for Submission – Select from below

- ☐ **New Enrollment**
- ☐ **Change Enrollment**
- ☐ **Cancel Enrollment**

Include with Enrollment Submission – Select from below

- ☐ **Voided Check**
- ☐ **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 New Jersey 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 New Jersey 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 New Jersey. 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 New Jersey has had a reasonable opportunity to act on such request or Aetna Better Health of New Jersey 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 New Jersey will not debit or deduct funds directly from my bank account for claim overpayments and or refund requests but, If Aetna Better Health of New Jersey 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 New Jersey will pursue immediate repayment with the Provider.*

* Aetna Better Health of New Jersey 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**

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Appendix - Data Element Names and Descriptions – To be used for completing the Electronic Funds Transfer (EFT) Authorization Agreement Form

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