



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
03/15/2012 (FE)

Aetna ERA (60054) Via RelayHealth / McKesson Enrollment Instructions - ERA ONLY

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck to make sure provider IDs are valid. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **If you are changing Aetna ERA service,** make sure that you have cancelled the enrollment with your previous clearinghouse BEFORE submitting Enrollment for Aetna ERAs.

FAX COMPLETED FORMS TO-
Practice Insight, Enrollment Department
713-333-0138

835 – ERAs Electronic Remittance Request (New) or (Change of Service)

If the provider has never enrolled to receive Aetna ERA files, or if the provider currently receives Aetna ERAs and wishes to authorize Practice Insight to retrieve their Aetna ERAs, the provider must complete this form. This form must be typed to prevent delay and ensure accuracy.

1. AETNA Electronic Remittance Advice and Electronic Fund Transfer Enrollment Form (4 pages)

CHECKLIST – Please use this as a quick guide for completing the form. **DO NOT FAX.**

Page 1 – Part A

Put ✓ next to “Professional,” “Institutional,” or both if desired.

SEE “Enroll,” “Change,” or “Terminate” – “Enroll” should only be selected for new providers and “Change” should only be selected if the billing provider is currently receiving ERAs or if they are changing EFT information.

Put ✓ next to “ERA for Medical Claims” and Put ✓ next to “EFT for Medical Claims” (EFT is optional)

SEE “Set Up Options” and Put ✓ next to one of the following:

“TIN Level Setup,” “Split by Billing Address,” or “Split by NPI.” NOTE: If the billing provider chooses to split by address or split by NPI, you must list all billing locations or list all NPIs.

Page 2 – Part B

Complete only if requesting ERA Effective date.

Page 2 – Part C

EFT is optional. Whether or not you are requesting EFT, page 2 must be faxed.

If you are NOT requesting EFT, put an “X” across Part C.

If requesting EFT, be sure to also fax a copy of a voided check or letter from bank.

If changing banking information, provide previous and current banking information.

Page 3 – Part D

Complete, sign, and date with appropriate signatures. **MUST HAVE TWO DIFFERENT SIGNATURES!**

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since this request was submitted and ERAs are not being received, providers should contact their EDI support representative or reseller to inquire regarding status of the ERA enrollment. Resellers may contact Practice Insight, Enrollment Department for assistance.



Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) Enrollment/Change for Medical Claims and Capitation

Please fax only one TIN per form. A separate form for each TIN must be used.

Check all that apply:	Sections required to be completed	Enroll	Change	Terminate
EFT for Medical and Capitation (EFT is different from Med Claims)	A, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERA/EFT for Medical Claims/Capitation (EFT is same for both claim & capitated payments)	A, B, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** Indicates required fields within each section. Incomplete and/or illegible fields and signatures may cause your enrollment to be delayed.**

A. Practice Information – Please note: Illegible or incomplete fields may cause your enrollment to be delayed.

* Name	* Tax ID Number (TIN)	* Pay to/Billing National Provider Identifier (NPI)
* Telephone Number	Fax Number	
Primary Service Address	Primary Billing Address	

Set Up Options: Check Only One

TIN level set up – Enroll the entire Tax ID for ERA/EFT payments. (All providers who bill under the TIN enrolled will receive electronic remittance advice (ERA) and/or electronic funds transfer (EFT). Payments will not be bulked; they will still be generated/split per NPI.)

If you are not enrolling the entire Tax ID, please select an alternative setup:

Split by Billing Address - Enroll only certain **Billing Locations** under the Tax ID for ERA/EFT payments.

Split by NPI – Enroll only certain **NPIs** under the Tax ID for ERA/EFT payments. ERA/EFT will be generated for two or more NPIs (only to be used when **excluding** other providers under this TIN).

List the applicable Billing Locations or two or more NPIs you would like to enroll for ERA/EFT payments:

(If you have more than one bank account to enroll, please fill out a separate enrollment form for each account and include a bank letter or voided check for each account.)

Electronic Explanation of Benefits (EOBs)

As a registered user of Aetna’s secure provider website via NaviNet, you can access your EOBs online via the claim EOB tool. Your electronic EOB is immediately available once a claim is processed. This allows you to post payments several days sooner than if you used a paper EOB. Not registered? Please click here to register: <https://connect.navinet.net>.

Your paper EOBs will stop on the effective date of the ERA/EFT set up.

Your paper EOBs will stop in 30 days from the effective date of an EFT **only** set up.

Yes Navinet registration is complete. Turn off paper EOBs immediately.

B. Vendor/Clearinghouse selection for ERA Requesting ERA Effective date of: _____ (populate only if requesting a future effective date greater than 30 days)**Please check only one of the following options:****Option 1 – Vendor/Clearinghouse Information** - You may only receive Aetna ERAs from one of the vendors listed within the attached link. See list of vendors at: www.aetna.com/provider/vendor

* Vendor/Clearinghouse Name		Contact Name
Email Address	Contact Phone Number	User Name/App ID/Entity Gen Key/Acct Number (if applicable)

Option 2 – Aetna Secure Provider Website via NaviNet®* Registration complete? Yes No * Username(s) _____I utilize the Claim EOB Tool on NaviNet to access my EOB's and no longer need paper EOB's mailed. Yes No**Option 3 – For Aetna EDI ConnectSM ERA Users** Aetna EDI Connect (secure FTP in the X12 format only) * Registration complete? Yes No * User ID(s) _____

Name of Billing Service you use for Aetna EDI Connect _____

C. EFT- Direct Deposit/Banking Information**You MUST include a voided check or bank letter in order to enroll for EFT. Deposit Slip will NOT be accepted.**

To take advantage of direct deposit (EFT), your bank must be a participating member of the Automated Clearinghouse Association (ACH). Please note if you require payments to be deposited into multiple bank accounts, you must complete bank account information for each account. Capitation payments made under a single TIN can only be deposited into one bank account. New EFT enrollment or changes to existing EFT banking information will trigger a new EFT pre-note period. The EFT pre-note period will run for 10 days from the effective date. Production will start on day 11. You are responsible for notifying Aetna if your banking information changes.

* Bank Name _____	Address _____
* Bank routing number (9 digits found on check, NOT deposit slip)	_____
* Account Number _____	(voided check or bank letter required; no deposit slip)
* Account type <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Deposit Only	

If information supplied above is a change request, please provide the following information:

* Previous Bank Name _____	Previous Address _____
* Previous Bank Routing Number (9 digits found on check, NOT deposit slip)	_____
* Previous Account Number _____	
* Account type <input type="checkbox"/> Savings <input type="checkbox"/> Checking	

Reminder: Your enrollment will not be started without a pre-printed voided check or bank letter.**EFT Email Notification** (not available for capitation EFT's)

If you would like to receive an email notification when Aetna transmits an EFT to your banking institution, please supply up to two email addresses in the space below. Or, you may sign up for email notification by logging in to our secure provider website via NaviNet® and choosing the "Aetna Email Options" button. EFT e-mail notifications will be sent when:

- EFT is active
- A claim has been processed where payment has been issued

Any changes or updates to the e-mail address(es) provided and requests to unsubscribe to EFT E-Mail Notification must be submitted through our secure provider website via NaviNet®. If you are not currently registered please register at <https://connect.navinet.net>.

* To ensure that EFT Notifications are delivered to the email address(es) provided, please add **notifications@transautoemail.aetna.com** to your address book.

Email Address 1 (Please type or print email address information clearly)

Email Address 2 (Please type or print email address information clearly)

D. Authorization Agreement – Please read and sign your name below.

Electronic Funds Transfers (EFT)

I hereby authorize Aetna, on behalf of itself and its affiliates, including Aetna Life Insurance Company and Aetna Health Inc. (hereinafter "Company"), to initiate credit entries to the account at the bank listed above for all benefits payments. This agreement will remain in effect until I notify Company of the desire to cancel or change this service or until Company notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the bank listed above to accept any credit entries by Aetna to such account and to credit the same to such account.

If Company 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), Company will attempt to recover the duplicate or erroneous payment via a debit to my account to the extent permitted by state law. If an electronic debit is unsuccessful for deposit accounts only, or not permitted by state law, company will pursue settlement via alternate measures.*

* Company strictly adheres to the National Automated Clearing House Association (NACHA) guidelines.

Electronic Remittance Advice (ERA) – Legislative Updates

Certain claims payment/remittance information required by various state requirements cannot be transmitted using the HIPAA-compliant ERA transaction. When state requirements require information that cannot be accommodated in our HIPAA-compliant ERA transaction, we will post details of our state requirements compliance plan on our ERA Inquiry website. You may access these details by clicking "Legislative Updates" on the Welcome page of the ERA Inquiry site. You will be granted access to this site as part of the ERA enrollment process. Thank you for your cooperation in this effort.

Electronic Remittance Advice (ERA) – Pended Claims

When state requirements require information that cannot be accommodated in our HIPAA-compliant ERA transaction, such as information regarding pended claims, health care professionals can obtain this information in other ways:

For pended claims received **electronically**, the request for information is returned in a Claim Status Response (277). However, Aetna is aware that some providers have agreements with their vendor/clearinghouse to receive some, all or none of their unsolicited claims status responses. Therefore, please work with your vendor/clearinghouse to ensure you receive all level 2 claims status responses in order to receive this information. If you prefer, or are unable to receive these responses, you may use the real-time claims status inquiry transaction to obtain this information as well.

For pended claims received on **paper**, a request for more information may be sent by letter or phone call. However, if you have not received any such request within 30 days of a claims submission on paper, please use the claims status inquiry transaction to view this information.

Please work with your Aetna representative if you need assistance using the claims status inquiry transaction. Thank you for your cooperation in this effort.

Please Note: Two different signatures are required unless sole proprietorship; one authorized health care professional AND one supervisor-level authorized health care professional.

Incomplete and/or illegible signatures will cause your enrollment to be delayed

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above, including Authorization for Direct Deposit of Benefits Payments, Legislative Updates and Pended Claims.

Signature #1: Authorized health care professional may be MD, CFO, CEO, etc.

* Authorized health care professional name: _____ * Title _____

Signature _____ * Date _____

Signature #2: Supervisor-level authorized health care professional may be Office Manager, Billing Manager, etc.

* Supervisor - level authorized personnel:

_____ * Title _____

Signature _____ * Date _____

Contact Information

* Form completed by _____

* Telephone number _____ Fax number _____

* Email address: _____

* Contact Name _____

* Telephone Number _____ Fax Number _____

* Email Address _____

Please Note: email address may be used to request additional information and to send completion confirmation

*** Be aware that follow-up by an Aetna representative to a supervisor-level authorized health care professional may occur to ensure accuracy of banking information.**

Submit only one form per FAX. Faxes containing multiple forms will be returned.

Fax the completed form, voided check and/or bank letter to:

- 860-754-9122 for new ERA/EFT enrollments and requests to change your ERA clearinghouse.
- 860-262-9883 for EFT changes and ERA/EFT termination requests.

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