



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

Please use this guide to prepare and complete your ERA/EFT enrollment request. Missing or incomplete information within the enrollment form will delay the benefits of participating in ERA and EFT. The following is a reference guide only, do not fax with the completed enrollment form.

- Ready to get started?**
 - Go to the following link to access the most current version of the ERA/EFT enrollment form.
<http://www.aetna.com/healthcare-professionals/claims-administration/billing-payment-reimbursement.html>
- Are you using one enrollment form per tax id?**
 - Enrollment forms containing more than one tax id will be returned.
 - Please wait to submit your enrollment until a claim has been processed and finalized under your tax ID.
- Did you remember to put the NPI # on the enrollment form?**
 - Having a valid NPI on file aids in the processing of your claims.
 - Multiple NPIs with the same information? Only one form is needed, just attach an NPI listing.
- If enrolling for EFT or making a change to your bank information, have you attached a voided check or bank letter?**
 - Enrollment requests cannot be processed without this information.
 - A voided check must accompany the form; a “starter check” or a copy of the Deposit Slip will not be accepted.
 - The banking information on the voided check/bank letter must match what is listed on the enrollment form.
 - If requesting an EFT change, please be sure to provide the banking information for both the existing bank account as well as the new account.
- Are you requesting EFT for your capitated payments?**
 - You must be set up for capitation.
 - If the banking information is the same for medical claims AND capitation, you only need to complete one enrollment form. If not, please complete a separate enrollment for the EFT for capitation.
- If enrolling to receive EFT email notification, have you indicated an authorized email address?**
 - You may elect to have up to two email addresses receive notification when Aetna sends an electronic funds transfer to your bank.
 - **Please type or print email address information clearly.**
- Has the form been signed by the appropriate individuals?**
 - The form MUST be signed by two people: an *authorized healthcare professional* – MD, CFO, CEO, etc. **AND** a *supervisor-level authorized personnel* – office manager, billing manager, etc.
 - Your enrollment form will be returned if there is only one signature unless sole proprietorship.
- Have you filled out all of the sections marked with asterisks?**
 - Incomplete and/or illegible fields will cause the form to be returned.
 - **To ensure form is legible, please type or print all requested information clearly.**
- Have a completed form to submit?**
 - Submit only one form per fax. Multiple enrollment requests must be faxed separately. Faxes containing multiple forms will be returned.
 - Completed forms for new enrollments and vendor/clearinghouse changes should be faxed to 860-754-9122.
 - Completed forms for EFT changes and ERA/EFT terminations should be faxed to 860-262-9883.
 - Please allow 10-15 business days for processing once an enrollment is received before requesting status. Backlog may occur which could result in a longer processing time.
 - An email confirmation will be sent once setup is complete.
 - Important - forms submitted to the incorrect fax number may result in processing delays.



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

<i>Check all that apply:</i>	Sections required to be completed	Enroll	Change	Terminate
EFT for Medical Claims (No Capitation payments)	A, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFT for Medical Claims and Capitation payments (same bank account for both)	A, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFT for Capitation Payments	A, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERA for Medical Claims Payments	A, B, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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.)

*** 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 ()	
Contact Name	Email Address (used to request additional information and to send completion confirmation)	
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 Billing NPI – Enroll only certain **Billing 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:
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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/Customer ID/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)

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* Account Number _____ (voided check or bank letter required; no deposit slip)

* Account type Savings Checking 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)

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* Previous Account Number _____

* Account type Savings 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 _____

* Form completed by (if different from contact above): _____

* Telephone number (____) _____ Fax number (____) _____

* Email address: _____

*** 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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