



# AETNA HEALTHCARE – DENTAL (60054) ERA ENROLLMENT INSTRUCTIONS

## WHAT FORM(S) SHOULD I DO?

- Aetna Dental ERA and EFT Authorization Agreement

## WHERE SHOULD I SEND THE FORM(S)?

- Email form to [enrollment@dentalxchange.com](mailto:enrollment@dentalxchange.com)
  - Include “Aetna for Office Ally” in the subject line of the email.

## WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Standard processing time is 30 business days.

## HOW DO I CHECK STATUS?

- To check status after the standard processing time, send an email to [enrollment@dentalxchange.com](mailto:enrollment@dentalxchange.com) with the Provider Name, Billing NPI and Tax ID asking if you have been linked to Office Ally for ERAs.

## Aetna Dental Plans

Attention Providers:

In order to start receiving your ERAs for Aetna Dental Plans through DentalXChange, you will need to follow the below instructions required by the payer.

Payer:	Aetna Dental Plans
Payer ID:	60054
For Enrollment Questions:	Contact the DentalXChange Enrollment Department at (800) 576-6412 ext. 461 or <a href="mailto:Enrollment@dentalxchange.com">Enrollment@dentalxchange.com</a>
Enrollment Application:	<b>Electronic Fund Transfer (EFT) &amp; Electronic Remittance Advice (ERA) Request Form</b>
Email or Fax Application to:	<a href="mailto:Enrollment@dentalxchange.com">Enrollment@dentalxchange.com</a> Fax (800) 866-0006
Approval Process and Timeframes:	Payer estimates 30 business days for processing. DentalXChange will contact you once the enrollment process is complete.
<b>Registration for Aetna Dental Plans ERAs also registers you for the following Payers and Payer IDs.</b>	
Aetna DMO – 68246 Bell Atlantic – 60054 Choice Plus – 60054 CustomCare (Southwestern Bell Exec) – 60054 FlexCare – 60054 Florida Power & Light – 60054 Marriott – 60054 Preferred Dental Organization – 60054	Prudential Administered by Aetna – 60054 Southwestern Bell – 60054 Southwestern Bell Exec. – Custom Care – 60054 Southwestern Bell Exec. – Southwest Bell – 60054 SRC – Strategic Resource Company – DX033 TRW – 60054 Varian Health Care Plan – 60054



# Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) Authorization Agreement Enrollment/Change/Cancel for Dental Claims

If you are enrolling in ERA, please also consider enrolling in Electronic Funds Transfer (EFT). EFT is a free and secure way for you to receive your payments faster. You'll no longer have to wait for checks to arrive in the mail. Aetna can issue EFT's to all healthcare provider types, including those receiving capitation. And, EFT doesn't change our overpayment policies and procedures. If you are overpaid, we'll send you a letter asking for a refund by check.

Use the following guide when completing your ERA/EFT enrollment forms. Fields with an asterisk are **required**; **sections left blank or illegible will delay processing**.

- Please send only one tax ID per fax. Enrollments for additional tax ID numbers must be faxed separately. If you would like us to deposit EFT payments into multiple bank accounts for the same TIN, complete a separate form for each account.
- Include your payee NPI (NPI receiving payment) on the enrollment form. **Note:** If the provider is part of a group, it is not necessary to enroll the Payee NPI/TIN combination more than once. All providers will be included in the 835 remittance file if claims are submitted to Aetna using the Payee NPI/TIN combination listed. Please list **two or more NPIs** under the 'Preference for Aggregation of Remittance Data' or for 'Account Number Linkage' for EFT. Selecting NPI as aggregation method will create ERA/EFT for ONLY the NPI(s) specified on the enrollment form.
- Include a copy of a pre-printed voided check with the account holder name imprinted on the check or bank letter. Deposit slips, starter checks, handwritten or altered checks are not accepted. **We cannot process your enrollment without this information.**
- Once enrolled in EFT, there is a 10-day pre-note period for EFTs to verify bank account information.
- Once we transmit an EFT to your bank, your bank has 3 business days to settle the funds and make them available in your account. Claims already in process on or before your effective date will still generate paper checks.
- With your enrollment in EFT, unless you have submitted an ERA request for an approved vendor, your paper EOBs will be discontinued within **31** days. EOBs can be retrieved or viewed through the EOB Tool on [www.aetnadental.com](http://www.aetnadental.com).
- ERA effective date may not be retroactive. Future date only.
- If you are requesting EFT for your capitated payments, you **must** be set up for capitation. You only need to complete one form if the bank account is the same for both Dental and Capitation claim payments. Capitation payments made under a single TIN can only be deposited into one bank account.
- The enrollment form **must** be signed by authorized healthcare individuals. The signing authority must match the legal entity associated with the tax ID.  
*Practitioner (MD, DO, DC, DDS, PhD, etc.)*  
*Corporate Officer or Authorized Manager (CEO, CFO, Office Manager, etc.)*
- You must contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation of the EFT payment with the ERA remittance advice.
- To check the status of an ERA/EFT enrollment or change request, call **National Dentist Line 800-451-7715**

## IMPORTANT:

Please allow 30 business days for processing. Processing times may vary depending on number of enrollments received, the accuracy of the information provided and whether the form is legible. We will send confirmation letting you know when ERA and/or EFT will start. To take advantage of direct deposit (EFT), your bank must be a participating member of the Automated Clearinghouse Association (ACH). You are responsible for notifying Aetna of any changes to your banking information. You may receive a phone call from Aetna to ensure accuracy of banking information.



# Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) Authorization Agreement

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

Asterisk indicates required fields within each section. Incomplete and/or illegible fields and signatures will cause your enrollment to be delayed. Refer to instructions before completing this form.

## PROVIDER INFORMATION

*Provider Name		
*Provider Address		
Street		
City	State/Province	ZIP Code/Postal Code

## PROVIDER IDENTIFIERS INFORMATION

*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)									
*National Provider Identification Number (NPI)									
Other Identifier(s): Assigning Authority _____	Trading Partner ID _____								

## PROVIDER CONTACT INFORMATION

*Provider Contact Name	Title	
*Telephone Number ( ) -	*Email Address	Fax Number ( ) -

## ELECTRONIC REMITTANCE ADVICE INFORMATION

\*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) (Select One)

Provider Tax Identification Number (TIN) \_\_\_\_\_

National Provider Identification Number (NPI) \_\_\_\_\_

List two or more NPIs you would like to enroll for ERA/EFT payments

\_\_\_\_\_

\_\_\_\_\_

## \*Method of Retrieval

Aetna Secure Provider Website via [www.aetnadental.com](http://www.aetnadental.com). You must be a registered user to access EOBs via Aetna's secure provider website.

## ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

You may only receive Aetna ERAs from one of the clearinghouse/vendors listed within the attached link.  
 See list of clearinghouse/vendors at: [www.aetnadental.com](http://www.aetnadental.com)

*Clearinghouse Name DentalXChange - ClaimConnect	Clearinghouse Contact Name Enrollment Department
Telephone Number ( 800 ) 576 - 6412, ext. 461	Email Address Enrollment@dentalexchange.com

## FINANCIAL INSTITUTION INFORMATION – Refer to instructions if you are enrolling more than one bank account

*Financial Institution Name	Financial Institution Address	
	Street	
City	State/Province	ZIP Code/Postal Code
*Financial Institution Routing Number	*Type of Account at Financial Institution	
	<input type="checkbox"/> Checking <input type="checkbox"/> Saving	
*Provider's Account Number with Financial Institution _____		

## SUBMISSION INFORMATION (Check One)

*Reason for Submission:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
*Include with Enrollment Submission	<input type="checkbox"/> Bank Letter	<input type="checkbox"/> Voided Check	

**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, Aetna Health Inc., Innovation Health Holdings, LLC, Coventry Health Care, Inc. ("Company") and their respective subsidiaries, 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.

Company will not debit or deduct funds directly from my bank account for claim overpayments and/or refund requests, but Company will seek permission to debit my bank account for any adjustments or corrections to resolve duplicate payments (where "duplicate" is defined as Company sending multiple identical payments in error) or erroneous payments due to a bank account setup error. Company will attempt to recover the duplicate or erroneous payment via a debit to my account to the extent permitted by state law and with prior contact to me. If an electronic debit is unsuccessful, Company will notify me in writing reach an alternative arrangement for reimbursement.\*

\* 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. Aetna retains a list of state requirements that cannot be accommodated in our HIPAA-compliant ERA transactions. In the event you need confirmation or clarification of Legislative Updates, please contact the National Provider Number. 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 **31** 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.

**AUTHORIZED SIGNATURE**

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above, including Legislative Updates and Pended Claims. Furthermore, the undersigned certifies that the information provided is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate action.

The form must be signed by authorized healthcare individuals.

\*Written Signature of Person Submitting Enrollment \_\_\_\_\_  
\*Printed Name of Person Submitting Enrollment \_\_\_\_\_  
\*Printed Title of Person Submitting Enrollment \_\_\_\_\_  
Submission Date \_\_\_\_\_  
**Requested ERA Effective Date** \_\_\_\_\_

If you prefer not to aggregate by TIN or NPI and 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 EFT payments.

List the applicable Billing Locations to enroll for EFT payment. \_\_\_\_\_

**Electronic Explanation of Benefits (EOBs)**

As a registered user of Aetna's secure provider website via [www.aetnadental.com](http://www.aetnadental.com), 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: [www.aetnadental.com](http://www.aetnadental.com).

Your paper EOBs will stop **31** days after the effective date of the ERA set up.

If you would like your paper EOBs stopped on the effective date of the ERA/EFT set up, please check here.

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

## Definitions

### Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT)

<b>PROVIDER INFORMATION</b>	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
(Provider Address) Street	The number and street name where a person or organization can be found
City	City associated with provider address field
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
<b>PROVIDER IDENTIFIERS INFORMATION</b>	
Provider Identifiers	Enter TIN and NPI information
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification 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 healthcare 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-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their dental specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions
(Other Identifiers) Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid
Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor. Enter User Name/App ID/Customer ID/Key/Acct Number (if applicable)
<b>PROVIDER CONTACT INFORMATION</b>	
Provider Contact Name	Name of a contact in provider office for handling ERA issues
Title	Title of contact
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
<b>ELECTRONIC REMITTANCE ADVICE INFORMATION</b>	
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)	Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment. Select from TIN or 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.)
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
<b>FINANCIAL INSTITUTION INFORMATION</b>	
Financial Institution Name	Official name of the provider's financial institution
Financial Institution Street Address	Street address associated with receiving depository financial institution name field
City	City associated with receiving depository financial institution address field
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
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
<b>SUBMISSION INFORMATION</b>	
Reason for Submission	Select your reason for submission from the options available.
Include with Enrollment Submission	Voided check: A voided check is attached to provide confirmation of Identification/Account Numbers 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
Submission Date	The date on which the enrollment is submitted
Requested ERA Effective Date	Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner