

**Instructions for Electronic Remittance Advice (ERA) Enrollment/Change/Cancellation**

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Please use this guide to prepare/complete your Electronic Remittance Advice (ERA) Authorization Agreement Form. Missing, illegible or incomplete information within the agreement form will delay the benefits of participating in ERA. 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](http://www.aetnabetterhealth.com/newjersey) for the electronic form and instructions. If you have questions about the authorization agreement form or the enrollment process, please contact Provider Services at 1-855-232-3596 or email us at [AetnaBetterHealth-NJ-ProviderServices@aetna.com](mailto:AetnaBetterHealth-NJ-ProviderServices@aetna.com).

Please note that the descriptions for the data elements contained in the Electronic Remittance Advice (ERA) 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.
- ☐ **Additional Information**
- Please contact your vendor for additional information on which distribution method to utilize as each vendor/clearinghouse may have a different distribution method.
  - If you do not use a vendor and have questions, please contact Provider Services at **1-855-232-3596**.
  - If you would like to link directly with Emdeon please contact Emdeon Sales at 1-877-363-3666. There may be an additional cost associated with linking directly with Emdeon.
- ☐ **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 information changes.
- ☐ **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, change and cancellation authorization agreement forms can be submitted through one of the following methods:  
Fax to: Aetna Better Health of New Jersey Provider Services 1-844-219-0223 . **Only one form per fax.** Faxes containing multiple forms will be returned.  
Email to: [AetnaBetterHealth-NJ-ProviderServices@aetna.com](mailto:AetnaBetterHealth-NJ-ProviderServices@aetna.com). **Only one form per email.** Emails containing multiple forms will be returned.
- ☐ **Need to check the status of your ERA 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.
  - The online instructions on our website at [www.aetnabetterhealth.com/newjersey](http://www.aetnabetterhealth.com/newjersey) will instruct you to contact Provider Services at **1-855-232-3596** 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 4<sup>th</sup> business day after you receive either the EFT payment or ERA remittance advice, contact your Provider Services representative at **1-855-232-3596**, email us at [AetnaBetterHealth-NJ-ProviderServices@aetna.com](mailto:AetnaBetterHealth-NJ-ProviderServices@aetna.com), or fax us at 1-844-219-0223.

**Electronic Remittance Advice (ERA) Authorization Agreement**

Page 2 – Definitions for DEG group data elements contained in Appendix.

<b>DEG1</b>	<b>PROVIDER INFORMATION</b>									
Provider Name										
Doing Business As Name (DBA)										
Provider Address Street										
City										
State/Province										
Zip Code/Postal Code										
<b>DEG2</b>	<b>PROVIDER IDENTIFIERS INFORMATION</b>									
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)										
National Provider Identifier (NPI)										
<b>DEG3</b>	<b>PROVIDER CONTACT INFORMATION</b>									
Provider Contact Name										
Telephone Number										
Email Address										
Fax Number										
<b>DEG7</b>	<b>ELECTRONIC REMITTANCE ADVICE INFORMATION</b>									
Preference For Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below										
Provider Tax Identification Number (TIN)										
National Provider Identifier (NPI)										
Method of Retrieval	CLEARINGHOUSE									
<b>DEG8</b>	<b>ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION</b>									
Clearinghouse Name	EMDEON									
Clearinghouse Contact Name	ENROLLMENT HELP DESK									
Telephone Number	866-924-4634									
Email Address	PAYERREGISTRATION@EMDEON.COM									
<b>DEG10</b>	<b>SUBMISSION INFORMATION</b>									
Reasons For Submission – Select from below										
<input type="checkbox"/> <b>New Enrollment</b> <input type="checkbox"/> <b>Change Enrollment</b> <input type="checkbox"/> <b>Cancel Enrollment</b>										

**AETNA BETTER HEALTH® OF NEW JERSEY**

3 Independence Way, Suite 400

Princeton, NJ 08540-6626

1-855-232-3596

Fax 1-844-219-0223

**Electronic Remittance Advice (ERA) Authorization Agreement**

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

**Authorized Signature**Written Signature of Person  
Submitting EnrollmentPrinted Name of Person  
Submitting EnrollmentPrinted 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.**

**Authorization Agreement****Electronic Remittance Advice (ERA)**

An ERA is an electronic version of a payment explanation of benefits (EOB) explaining claims payment or denial.

This authorization is to remain in effect until Aetna Better Health of New Jersey has received an ERA cancellation notification from me that affords Aetna Better Health a reasonable opportunity to act on it. 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.

**Additional Required Information For Enrollment – MUST BE COMPLETED****ERA Receiver Information\*\*****Receiver ID****Distribution Method\*\*****(must indicate one method)**

- ☐ FTP Internet Log ID (8 characters)
- ☐ TSO ID
- ☐ NDMs Node Name (unique vendor ID) lower case
- ☐ Emdeon Office (email address)\*\*\*

**Distribution****ERA Receiver Information and Distribution Method Choices\*\*:**

1. Emdeon Office\*\*\* is a suite of Emdeon practice management products, which includes a multitude of provider products. Emdeon Office should only be selected if you as the provider use the suite of Emdeon Office practice management products.
2. FTP Internet- this may be an FTP log on or it may be used to list the payment manager connection. MEDICOM is the distribution method when using payment manager.
3. TSO Mailbox- this is a dial up connection.
4. NDM S Node- this is typically used for 837 claim submissions.

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**Additional Information Required If Enrolling in Emdeon Payment Manager – Offered at no additional cost**

Check the correct box to indicate a Payment Manager request	Yes <input type="checkbox"/> No <input type="checkbox"/>	Both ERA and Payment Manager <input type="checkbox"/>
If Payment Manager, does a User ID already exist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Manager User ID:

**Additional National Provider Identification (NPI) to be enrolled**

NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI
NPI	NPI	NPI

**General Reference Information****Payer Information**

<b>Payer ID:</b> Aetna Better Health of New Jersey 46320	<b>Tax ID:</b> 46-3203088
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**Emdeon Confirmations – Internal Use Only**

Send Emdeon 835 enrollment confirmations to:  
AetnaBetterHealth-NJ-ProviderServices@aetna.com