



Empowering Healthcare

ERA Payer Agreement Instructions for Aetna – Payer ID 60054

Important Notes

ERA transactions are available as an additional McKesson contracted service. To add ERAs to your contract please contact your McKesson Sales person or Value Added Reseller. ERAs must be part of your McKesson contract BEFORE requesting ERA service through the McKesson EDI Enrollment Department.

Electronic Funds Transfer (EFT) is an arrangement between the Physician/Provider and the Payer. McKesson does not manage or transmit EFTs.

Before receiving ERAs for Aetna the Physician/Provider must:

- Be processing claims electronically with this payer
- Contract with McKesson for All Payer ERA service
- Complete an ERA Enrollment Request Form
- Complete Aetna's Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form.

Guidelines for completing: Aetna Electronic Remittance Advice and Electronic Funds Transfer Enrollment Form:

- Complete all required fields
- Submit one ERA/EFT Payer Agreement for each Physician/Group Tax ID.
- Once the agreement is open in Adobe Reader you can type information onto the form.
- Forward original ERA agreement along with your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of Aetna ERA.

Fax completed Aetna ERA Agreement and McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763



Electronic Remittance Advice and Electronic Funds Transfer Enrollment

Check all that apply and fill out required sections:		Enroll	Change	Terminate
ERA for Medical Claims	A, B, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFT for Medical Claims	A, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFT for Med Claims & Capitation	A, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERA and EFT for Medical Claims	A, B, C, D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Indicates required fields within each section. Please complete only one enrollment form per TIN# and attach additional information if needed.

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)
*Contact Name	*Email Address	
*Telephone Number	Fax Number	
Primary Service Address	Primary Billing Address	
*Do you require ERAs to be split by billing location? <input type="checkbox"/> Yes <input type="checkbox"/> No	*To be split by NPI? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Select one of the options below. Please note: ERA replaces your paper EOBs 30-45 days after enrollment.

Option 1 – Vendor/Clearinghouse Information

See list of vendors at: http://www.aetna.com/provider/medical/service_med/electronic_med/clearinghouse.html
*You may only receive Aetna ERAs from one of the vendors listed within the attached link.

*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? *User ID(s) _____

Option 3 – For Aetna EDI ConnectSM ERA Users

Aetna EDI Connect (secure FTP in the X12 format only)
 *Registration complete?
 *User ID(s) _____
 *Do you use a billing service? Yes No
 *Billing service name _____

C. EFT- Direct Deposit/Banking Information – **When enrolling a new or changed account for EFT, a voided check or letter from your bank is required.

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 _____ *Account type: Savings Checking

*TIN number of provider associated with above account _____

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

*TIN number of provider associated with above account _____

****When enrolling a new or changed account for EFT, a voided check or letter from your bank is required.**

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

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(s) at the bank(s) 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. 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), I authorize Company to withdraw the overpayment. I authorize and request the bank(s) listed above to accept any credit entries by Aetna to such account(s) and to credit the same to such account(s).

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.

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.

*Authorized health care professional _____ *Title _____

*Authorized health care professional signature _____ *Date _____

*Supervisor-level authorized health care professional _____ *Title _____

*Supervisor-level authorized health care professional signature _____ *Date _____

*Supervisor-level authorized health care professional telephone _____

Form completed by _____

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

Email address _____

Please FAX completed form, voided check and/or letter to Aetna ERA Enrollment at 860-754-9122.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies. (Aetna)

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ERA Enrollment Request Form

All Payer ERA is a contracted Service. If you have not yet completed a contract or amendment to add this service to your account, please contact the McKesson sales department at 1-800-333-4747 or your Value Added Reseller. Any forms received where the service has not been established will not be completed. Only Payers requested on this form will be added, if at a later time you wish to add additional ERA Payers you will need to complete another ERA Enrollment Request Form.

Client Information:			
<input type="checkbox"/> Existing Phoenix Customer <input type="checkbox"/> New Phoenix Customer			
Client Name:			
Client ID: If new Customer leave this field blank		Date of Request:	
Phone Number:		Fax Number:	

Provider Information: Complete one form for each Tax ID		Individual NPI:	
		Group NPI:	
Provider/Group Name:			
Address:		Tax ID:	
City:		State:	Zip:

ERA Payer Information:					
Payer ID	Provider Number	Payer Name	Date Sent to Payer	Service Used (ie: FedEx, UPS, USPS)	Tracking # (if applicable)

Return to EDI Enrollment – Fax # 800-633-4763