

## Aetna Better Health of California 835

### EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- ERA setups are completed in approximately **15 business days**.
- To check status of EDI enrollment, please **contact Aetna Better Health at 855-772-9076**.

### 837 Claim Transactions:

EDI enrollment applies to ERA only and is not necessary prior to sending claims.

### 835 Electronic Remittance Advice:

#### ERA Provider Authorization Agreement

Complete all applicable fields.

**NOTE:** There are two Change Healthcare Remittance forms enclosed. Only submit the form applicable to the **Type of business** you are credentialed for: **Professional OR Institutional**. Only submit both if your practice is credentialed for both types of business.

### Submit Completed Document:

Email or Fax to Aetna Better Health of California

[CaliforniaProviderRelationsDepartment@aetna.com](mailto:CaliforniaProviderRelationsDepartment@aetna.com)

844-886-8349

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					



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

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

**DEG1 PROVIDER INFORMATION**

Provider Name	
Doing Business As Name (DBA)	
Provider Address Street	
City	
State/Province	
Zip Code/Postal Code	

**DEG2 PROVIDER IDENTIFIERS INFORMATION**

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)										
National Provider Identifier (NPI)										

**DEG3 PROVIDER CONTACT INFORMATION**

Provider Contact Name	
Telephone Number	
Email Address	
Fax Number	

**DEG7 ELECTRONIC REMITTANCE ADVICE INFORMATION**

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									

**DEG8 ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION**

Clearinghouse Name	
Clearinghouse Contact Name	
Telephone Number	
Email Address	

**DEG10 SUBMISSION INFORMATION**

Reasons For Submission – Select from below

- New Enrollment
- Change Enrollment
- Cancel Enrollment



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

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

**Authorized Signature**

Written Signature of Person Submitting Enrollment

Printed Name of Person Submitting Enrollment

Printed 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 California has received an ERA cancellation notification from me that affords Aetna Better Health of California 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
- Change Healthcare Office (email address)\*\*\*
- Change Healthcare Payment Manager

**Distribution**

**ERA Receiver Information and Distribution Method Choices\*\* (Receiver ID must accompany the Distribution Method):**

1. 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.
2. TSO Mailbox- this is a dial up connection.
3. NDM S Node- this is typically used for 837 claim submissions.
4. Change Healthcare Office\*\*\* is a suite of Change Healthcare practice management products, which includes a multitude of provider products. Change Healthcare Office should only be selected if you as the provider use the suite of Change Healthcare Office practice management products.
5. Change Healthcare Payment Manager – Enter Payment Manager as the Receiver ID even if enrolling for Payment Manager as part of this ERA enrollment.



**Page 4 - Additional Information Required If Enrolling in Change Healthcare 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**

Payer ID: Aetna Better Health of California 128CA	Tax ID: 47-5178095
--	-----------------------

**Change Healthcare Confirmations – Internal Use Only**

Send Change Healthcare 835 enrollment confirmations to:  
CaliforniaProviderRelationsDepartment@aetna.com