Payer ID: 128LA

Aetna Better Health of Louisiana

835

EDI Enrollment Instructions:

- Complete the enrollment using the provider's billing/group information as credentialed with this payer.
- Once completed, save for your records, print and obtain appropriate signature.
- EDI enrollment processing timeframe is approximately 30 business days.
- Online enrollment through the payer's website is required.

835 Electronic Remittance Advice:

Step 1: Complete the Online Enrollment:

Log in to the payer's website at https://payerenrollservices.com/.

Select **'Begin Enrollment'** to create a login. If you already have a login, select **'Sign In.'**

Once you have logged in, you will be taken to the **'Provider Information'** screen. Enter in all the requested information, then click **'Continue.'**

On the **'Provider Contact Information'** screen, enter in all the requested information then click **'Continue.'**

On the **'Bank Information'** screen, answer **'Yes'** if you wish to enroll for EFT. If not, answer **'No'** then click **'Continue.'**

If you answered **'Yes'** to the prompted question, click **'Add Bank.'** Enter in all the requested information, then click **'Submit.'**

You must then attach a voided check or bank letter. Attach the file, then hit **'Submit.'**

On the **'Enrollment'** screen, click **'Add Enrollment.'**

From the **'Payer'** dropdown, select **'Aetna Better Health.'** Check the box to accept the acknowledgement, then click **'Continue.'**

Under **'Service Selection,'** check **'ERA'.** If you are enrolling for EFT too, check **'EFT.'**

Click the circle next to **'TIN & NPI(s).'** Enter the NPI(s) you wish to enroll, enter the effective date of the enrollment, then click **'Continue.'**

Under the **'ERA Information'** screen, click the **'Clearinghouse'** drop-down, select **'Change CHANGE HEALTHCARE (Emdeon/WebMD).'** Enter **Trading Partner ID '133052274.'**

If you selected EFT, you will be prompted to confirm your bank account. Click **'Submit'** to confirm.

Step 2: Complete the Change Healthcare Cover Page(s)

Once the online enrollment has been submitted, complete all applicable fields.

Submit Completed Document:

1. Fax or Email to Change Healthcare.
   Email: batchenrollment@changehealthcare.com
   Fax: 6158853713

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.

Send completed form to:
Batchenrollment@changehealthcare.com
Fax: (615) 885-3713

CHANGE HEALTHCARE

Remittance

Payer Information

CPID	Payer ID	Payer	Type	Est Days	Multi CH
7183	128LA	AETNA BETTER HEALTH of LOUISIANA	Professional	20	No

Special Enrollment Instructions

Providers wanting to Enroll for EFT and ERA should visit payerenrollservices.com hosted by Changehealthcare.com
If you have any questions about the ERA or EFT process please contact Change Healthcare at 800- 956- 5190
URL: payerenrollservices.com

Select Change Healthcare **from the clearinghouse drop down box on page 14.**

Vendor Information

Submitter ID	Submitter Name
460477436	ClaimRemedi

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
enrollment@claimremedi.com	

ERA Receiver

Distribution Detail

clmremed

For Change Healthcare use only

 Last Revised Date: 12/16/22

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

TAX ID: _____ NPI: _____

Contact First Name: _____ Contact Last Name: _____

Contact Phone Number: _____

Contact Email: _____

Name of the Person that submitted the agreement on Payer Enroll Services: _____

Print

Send completed form to:
Batchenrollment@changehealthcare.com
Fax: (615) 885-3713

CHANGE HEALTHCARE

Remittance

Payer Information

CPID	Payer ID	Payer	Type	Est Days	Multi CH
8621	128LA	AETNA BETTER HEALTH of LOUISIANA	Institutional	20	No

Special Enrollment Instructions

Providers wanting to Enroll for EFT and ERA should visit payerenrollservices.com hosted by Changehealthcare.com
If you have any questions about the ERA or EFT process please contact Change Healthcare at 800- 956- 5190
URL: payerenrollservices.com

Select Change Healthcare **from the clearinghouse drop down box on page 14.**

Vendor Information

Submitter ID	Submitter Name
460477436	ClaimRemedi

Provider Information

Tax ID	NPI	Provider Number	Name		
Address			**City**	**State**	**Zip**
				Off	
Contact Name				**Contact Phone**	
Contact Email Address					

Confirmation Addresses

Primary Email Address	Secondary Email Address
enrollment@claimremedi.com	

ERA Receiver

Distribution Detail
clmremed

For Change Healthcare use only

 Last Revised Date: 12/16/22

Provider Name: _____

Address: _____

City: _____ State: Off Zip: _____

TAX ID: _____ NPI: _____

Contact First Name: _____ Contact Last Name: _____

Contact Phone Number: _____

Contact Email: _____

Name of the Person that submitted the agreement on Payer Enroll Services: _____

Print