

## Aetna Better Health of New Jersey 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 855-232-3596**.

### 837 Claim Transactions:

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

### 835 Electronic Remittance Advice:

#### Electronic Remittance Advice (ERA) 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 New Jersey

[AetnaBetterHealth-NJ-ProviderServices@aetna.com](mailto:AetnaBetterHealth-NJ-ProviderServices@aetna.com)

844-219-0223

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.

<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"/> New Enrollment											
<input type="checkbox"/> Change Enrollment											
<input type="checkbox"/> 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 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\*\***

<b>Receiver ID</b>		
<b>Distribution Method**</b> <i>(must indicate one method)</i>	<input type="checkbox"/> FTP Internet Log ID (8 characters) <input type="checkbox"/> TSO ID <input type="checkbox"/> NDMs Node Name (unique vendor ID) lower case <input type="checkbox"/> Emdeon Office (email address)***	<b>Distribution</b>

**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.

**AETNA BETTER HEALTH® OF NEW JERSEY**

3 Independence Way, Suite 400

Princeton, NJ 08540-6626

1-855-232-3596

Fax 1-844-219-0223

**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**

<b>NPI</b>	<b>NPI</b>	<b>NPI</b>
<b>NPI</b>	<b>NPI</b>	<b>NPI</b>
<b>NPI</b>	<b>NPI</b>	<b>NPI</b>
<b>NPI</b>	<b>NPI</b>	<b>NPI</b>
<b>NPI</b>	<b>NPI</b>	<b>NPI</b>

**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