

## OhioRISE - Aetna Better Health of Ohio 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 **30 business days**.
- To check status of EDI enrollment, please contact **Aetna Better Health of Ohio at OhioRISE-Network@aetna.com**.

### 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 to Aetna Better Health of Ohio

[OhioRISE-Network@aetna.com](mailto:OhioRISE-Network@aetna.com)

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	CLEARINGHOUSE
---------------------	---------------

DEG8	ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION
Clearinghouse Name	EMDEON
Clearinghouse Contact Name	ENROLLMENT HELP DESK
Telephone Number	866-924-4634
Email Address	payerregistration@changehealthcare.com

DEG10	SUBMISSION INFORMATION
Reasons For Submission – Select from below	

- New Enrollment
- Change Enrollment
- Cancel Enrollment

<b>Electronic Remittance Advice (ERA) Authorization Agreement</b>	
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.**

<b>Authorization Agreement</b>
<b>Electronic Remittance Advice (ERA)</b>
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 OhioRISE – Aetna Better Health of Ohio has received an ERA cancellation notification from me that affords OhioRISE – Aetna Better Health of Ohio 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**

<b>ERA Receiver Information**</b>		
<b>Receiver ID</b>		
<b>Distribution Method**</b> (must indicate one method)	<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) *** <input type="checkbox"/> Emdeon Payment Manager	<b>Distribution</b>

**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. 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.
5. Emdeon Payment Manager – Enter Payment Manager as the Receiver ID even if enrolling for Payment Manager as part of this ERA enrollment.



**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> OhioRISE – Aetna Better Health of Ohio	<b>Tax ID:</b> 26-3374117
--	------------------------------

**Emdeon Confirmations – Internal Use Only**

Send Emdeon 835 enrollment confirmations to: [OHRISE-Network@aetna.com](mailto:OHRISE-Network@aetna.com)

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@changehealthcare.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>		

**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 OhioRISE – Aetna Better Health of Ohio has received an ERA cancellation notification from me that affords OhioRISE – Aetna Better Health of Ohio 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)	<b>Distribution</b>
	<input type="checkbox"/> TSO ID	
	<input type="checkbox"/> NDMs Node Name (unique vendor ID) lower case	
	<input type="checkbox"/> Emdeon Office (email address) ***	
	<input type="checkbox"/> Emdeon Payment Manager	

**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. 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.
5. Emdeon Payment Manager – Enter Payment Manager as the Receiver ID even if enrolling for Payment Manager as part of this ERA enrollment.



**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> OhioRISE – Aetna Better Health of Ohio	<b>Tax ID:</b> 26-3374117
--	------------------------------

**Emdeon Confirmations – Internal Use Only**

Send Emdeon 835 enrollment confirmations to : [OHRISE-Network@aetna.com](mailto:OHRISE-Network@aetna.com)