2777 Stemmons Frwy, Suite 1450
Dallas, TX 75207
1-800-306-8612
Fax 1-866-510-3710

Parkland
Community Health Plan, Inc.

Instructions for Electronic Remittance Advice (ERA) Enrollment/Change/Cancellation
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Please use this guide to prepare/complete your Electronic Remittance Advice (ERA) Authorization Agreement Form. Missing, illegible or incomplete information within the agreement form will delay the benefits of participating in ERA. The following is a reference guide only, <u>do not fax, or email the instructions with the completed authorization form</u>. <u>Return Pages 2-3 ONLY</u>. If you prefer to enroll/change/cancel electronically, please go to our website at www.aetnamedicaid.com for the electronic form and instructions. If you have questions about the authorization agreement form or the enrollment process, please contact TX Provider Enrollment at 1-800-306-8612, or email us at TXProviderEnrollment@aetna.com.

Please note that the descriptions for the data elements contained in the Electronic Remittance Advice (ERA) Authorization Form have been placed in an Appendix to make it easier to complete the form. Please refer to the Appendix when completing the form.

☐ **Are you using one authorization agreement form per tax id number?**
- Enrollment forms containing more than one tax id will be returned.

☐ **Did you remember to put the NPI # on the authorization agreement form?**
- Enrollment forms without an NPI number (if provider is required to have an NPI) will be returned.
- List additional NPI numbers to be enrolled in the space provided at the end of the enrollment form.

☐ **Additional Information**
- Please contact your vendor for additional information on which distribution method to utilize as each vendor/clearinghouse may have a different distribution method.
- If you do not use a vendor and have questions, please contact TX Provider Enrollment at **1-800-306-8612**, or email TXProviderEnrollment@aetna.com.
- If you would like to link directly with Emdeon please contact Emdeon Sales at 1-877-363-3666. There may be an additional cost associated with linking directly with Emdeon.

☐ **Need to change or cancel an existing enrollment?**
- Complete a new authorization agreement form to make changes to an existing enrollment or to cancel an existing enrollment. Complete all parts of the form and mark the appropriate choice in the Submission Information section of the form. You are responsible for notifying Parkland Community Health Plan, Inc. of any information changes.

☐ **Has the form been signed by the appropriate individuals?**
- Unsigned forms will be returned.

☐ **Have you completed all sections?**
- Please type or print all requested information clearly. Incomplete and/or illegible fields will cause the form to be returned.

☐ **Have a completed form to submit? Forms can be submitted by fax or email.**
- Completed new, change and cancellation authorization agreement forms can be submitted through one of the following methods:
  <u>Fax</u> to: Parkland Community Health Plan, Inc., TX Provider Enrollment 1-866-510-3710**. Only one form per fax.** Faxes containing multiple forms will be returned.
  <u>Email</u> to: TXProviderEnrollment@aetna.com. **Only one form per email**. Emails containing multiple forms will be returned.

☐ **Need to check the status of your ERA enrollment?**
- 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.
- The online instructions on our website at **www.aetnamedicaid.com** will instruct you to contact TX Provider Enrollment at **1-800-306-8612** or email TXProviderEnrollment@aetna.com with any questions or to check enrollment status.

☐ **Have you contacted your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements from the NACHA ACH/EFT payment file?**
- Your financial institution must be a participating member of the Automated Clearinghouse Association (ACH) and accept the CCD+ format. You must proactively contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for the successful reassociation of the EFT payment with the ERA remittance advice.

☐ **Do you have a Late or Missing EFT payment or ERA remittance advice?**
- If you have not received your EFT payment or the corresponding ERA remittance advice by the 4th business day after you receive either the EFT payment or ERA remittance advice, contact your TX Provider Enrollment at **1-800-306-8612**, email us at TXProviderEnrollment@aetna.com, or fax us at 1-866-510-3710.

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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**

Parkland Community Health Plan, Inc.

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 Parkland Community Health Plan, Inc. has received an ERA cancellation notification from me that affords Parkland Community Health Plan, Inc. 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 ❑ Emdeon Office (email address)***	**Distribution**

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.

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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 ❑ No ❑	Both ERA and Payment Manager ❑
If Payment Manager, does a User ID already exist?	Yes ❑ No ❑	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: **Parkland Community Health Plan 66917**	**Tax ID:** **75-2603847**

Emdeon Confirmations – Internal Use Only
Send Emdeon 835 enrollment confirmations to: TXProviderEnrollment@aetna.com

Appendix - Data Element Names and Descriptions – To be used for completing the Electronic Remittance Advice (ERA) Authorization Agreement
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DEG1	PROVIDER INFORMATION
Data Element Name	**Description**
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person(s) who actually own it and are responsible for it
Provider Address - Street	The number and street name where a person or organization can be found
Provider Address - City	City associated with provider address field
Provider Address – State/Province	ISO 3166-2 two character code associated with the State/Province/Region of the applicable Country
Zip Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities

DEG2	PROVIDER IDENTIFIERS INFORMATION
Data Element Name	**Description**
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identifier Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digits number). This means that the numbers do not carry other information about the healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions

DEG3	PROVIDER CONTACT INFORMATION
Data Element Name	**Description**
Provider Contact Name	Name of a contact in provider office for handling ERA issues
Telephone Number	Associated with contact person
Email Address	An electronic mail address at which the health plan might contact the provider
Fax Number	A number at which the provider can be sent facsimiles

Appendix - Data Element Names and Descriptions – To be used for completing the Electronic Remittance Advice (ERA) Authorization
Agreement
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DEG7	ELECTRONIC REMITTANCE ADVICE INFORMATION
Data Element Name	**Description**
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below	Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment
Provider Tax Identification Number (TIN)	
National Provider Identifier (NPI)	
Method of Retrieval	The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)

DEG8	ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION
Data Element Name	**Description**
Clearinghouse Name	Official name of the provider's clearinghouse
Clearinghouse Contact Name	Name of a contact in clearinghouse office for handling ERA issues
Telephone Number	Telephone number of contact
Email Address	An electronic mail address at which the health plan might contact the provider's clearinghouse

DEG10	SUBMISSION INFORMATION
Data Element Name	**Description**
Reason for Submission - Select from below	
New Enrollment	
Change Enrollment	
Cancel Enrollment	
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment.
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment