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# Getting started with and using electronic remittance advice (ERA) and electronic funds transfer (EFT)

[www.aetna.com](http://www.aetna.com)



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# Getting started with ERA and EFT

ERA is a HIPAA-compliant electronic communication that contains claims payment information. It replaces the paper Explanation of Benefits (EOB) statement. Depending on your accounts receivable software, you may be able to post payments electronically without any manual intervention.

- ERA is available for all of our benefits plans.
- You can receive separate ERA files for the same tax identification number (TIN) grouped by billing address.
- Once enrolled in ERA, you can access a printable version of the ERA to make it easier to submit coordination of benefits (COB) claims and view ERA files.

To accept ERA files, you must use software and a vendor capable of accepting ERA files from us. Ask your software vendor if you're not sure. You can find a list of vendors capable of accepting ERA files at [www.aetna.com/provider/vendor](http://www.aetna.com/provider/vendor). Some vendors charge a fee for receiving ERA files. You can also get your ERA files at no charge from our secure provider website on NaviNet®. Whether or not you use NaviNet to get your ERA files, it's a good idea to register for the site. Register for NaviNet at <https://connect.navinet.net/enroll>. Log in at <https://connect.navinet.net>.

EFT offers you a secure, efficient process for electronically depositing claims payments into your bank account(s). It's our preferred provider payment method. With EFT, you can:

- Get paid faster than by paper check
- Get confidential and secure deposits of claims payments transmitted directly to your designated bank account(s)
- Reduce mail coming to your office and handling time by your staff and eliminate the need for trips to the bank — it also saves paper and creates an audit trail
- Easily verify payments by matching them to submitted claims on an ERA or electronic Explanation of Benefits (eEOB) from our secure provider website
- Enroll in EFT e-mail notification and receive e-mails when we transmit payments to your bank account(s)

## Getting EFT doesn't change your payment frequency

To accept payments by EFT, your financial institution must be part of the ACH Network. Ask your financial institution if they're part of the ACH Network. We don't charge you to accept EFT payments, but your financial institution may charge you a small fee. Check with them for more information.

Once you're enrolled in EFT, sign up on NaviNet to get e-mail notifications every time we transmit a payment.

**Note:** EFT enrollment information may be accessed by all Aetna affiliates, including Innovation Health Holdings, LLC, and Coventry Health Care, Inc., and their respective subsidiaries.

Our ERA/EFT options are available to both participating and nonparticipating providers, and you don't need to have a vendor/clearinghouse to participate. Once enrolled in ERA, we'll shut off your paper EOBs within 30 days. You have the option to enroll for EFT only and stop receiving paper checks.

## Online resources can help you learn more about EFT

Go to [www.aetnapaperlessoffice.com](http://www.aetnapaperlessoffice.com) for more information about the variety of online services we offer, including EFT.

You can also take a free online course. Billing managers, office managers, physicians and other health care professionals can learn more about how Aetna ERA/EFT works, how to enroll and how these electronic transactions can benefit your practice. To learn more about the course or to register, visit [www.aetnaeducation.com](http://www.aetnaeducation.com).

Or use the "Contact" link on our website to send us a message.

## Enrolling in ERA and EFT

**Visit [www.aetnapaperlessoffice.com](http://www.aetnapaperlessoffice.com) to enroll in ERA and EFT:**

- Use our electronic ERA/EFT enrollment form, where you can upload account documentation and sign the form electronically.
- Print an ERA/EFT enrollment form and fax it to us with your account documentation.

**You can enroll in EFT only:**

- Electronically using EnrollHub™, a CAQH Solution™, at <https://solutions.caqh.org> (Registration is required even if you're an existing CAQH user.)
- On paper by printing an EFT enrollment form from [www.aetnaeft.com](http://www.aetnaeft.com) and faxing it to us with your account documentation

# Understanding the ERA file format

## What you need to know about ERA

- We transmit ERA files in the ASC X12 835 format.
- If you have questions on interpreting your ERA files, contact your ERA vendor/clearinghouse.
- Each ERA includes the check draft or EFT trace number for reconciliation. The trace number links the ERA to the payment, and it's located in the TRN02 data element of the TRN segment.

## How our payments and ERAs are grouped

- We'll issue separate ERAs and EFTs for each billing provider's National Provider Identifier (NPI). Providers billing with multiple NPIs will receive separate ERAs and EFTs for each NPI.
- Providers billing with multiple NPIs may wish to set a "primary payee" NPI value to be used for their ERAs, which will reduce the number of payments generated. For information on why this may benefit your practice, please visit [www.aetna.com/faqs-health-insurance/health-care-professionals-NPI-HIPAA-faqs.html](http://www.aetna.com/faqs-health-insurance/health-care-professionals-NPI-HIPAA-faqs.html). To set an override NPI, send us an e-mail using the "Contact" link on [www.aetna.com](http://www.aetna.com).
- Health maintenance organization (HMO) and traditional claims are never grouped together.
- HMO claims payments will generate a separate ERA and EFT for each pay-to HMO provider number. Please contact your network representative to ask about reducing the quantity of HMO provider ID numbers.

## Other situations resulting in multiple ERAs/EFTs

- We issue separate payments for self-insured plan sponsors and fully funded plan sponsors.
- Some states require payments from separate bank accounts for plans they regulate. Most of our claims payments are grouped by payee and are sent on a weekly basis. Payments from Medicare Advantage plans are sent daily, separated by pay-to provider or facility.

## Adjustments you'll see on an ERA

### Reprocessed claims

- When we reprocess a claim, we'll show a reversal of the initial claim and then a correction.
- Post your original claim, even if you think it was processed incorrectly. If the claim is reprocessed and the ERA reflects the reversal/correction, your new ERA will post correctly.

### Interest adjustments

- We report late-claim interest at the claim level in the AMT segment using qualifier "I" and summarize it at the payment level in the PLB segment using qualifier "L6." Interest isn't part of the claims balancing calculation, but it's part of the payment balancing calculation.

### Overpayment recovery adjustments

- When an overpayment recovery is initiated from a provider enrolled in ERA, specific adjustment codes are used to indicate the reason for adjusting the provider payment amount in the ERA.
- The PLB segment also includes a reference number, which is the trace number or check number where the original overpayment occurred. To help identify the patient related to the overpayment, please use the Claim EOB Tool on our secure provider website. You can use the trace number provided in the ERA to locate the EOB in question.

If you need additional help after reviewing the EOB, please send us an e-mail from [www.aetna.com](http://www.aetna.com) using the "Contact" link.

### Claim-level vs. line-level adjustments

- The ASC X12 835 Implementation Guide for ERAs allows for both claim-level and service line-level adjustments.
- We use both claim-level and line-level adjustments.
- You can work with your vendor or clearinghouse to ensure your posting software is taking all types of adjustments into account, either in the software logic or via an exception report.

### Using ERA files to submit to a secondary payer

- You can use the data from your Aetna ERA file to submit a COB claim electronically to a secondary payer.

If necessary, you can use our Claim EOB Tool on our secure provider website to view and/or print the corresponding EOB to submit a paper COB claim.

# ERA payment suppression

## NPI

You must report your NPI(s) to us in two different locations in the following order:

1. You must include your NPI on all claims submitted to us. For claims purposes, you can share your NPI at: [www.aetna.com/health-care-professionals/forms/npi-submissions.html](http://www.aetna.com/health-care-professionals/forms/npi-submissions.html).
2. We won't create ERAs for claims submitted without an NPI, including paper claims or reprocessed claims, unless you designated a default ERA NPI. If you didn't already include a default ERA NPI value during your Aetna ERA enrollment request, you must report a default NPI. Use the "Contact" link on [www.aetna.com](http://www.aetna.com) to notify us of override or default NPI additions or changes.

Please see additional information about NPI in ERA on page 6.

## Additional ERA information and resources

- Registered users of our secure provider website can access their eEOBs online. eEOBs are a great complement to using EFT. They offer your office a convenient way to manage your finances and eliminate paper, saving you time and money. You can access these statements anytime. You can choose to view the statements online or print them as needed.
- ERAs are created for finalized/adjudicated claims only; pended claims aren't included on an ERA. You can view the status of your claims online using your eEOB, or you may receive a copy of a report from your vendor. You should request pended claims received via letter or pended claims status report (277P) through your software vendor. You can also access this information through our eEOB tool.
- **If we can't transmit an ERA file due to errors in the file, we'll attempt to fix the file. If after five days this isn't possible, we'll print and mail a paper EOB. We'll still transmit the corresponding EFT.**

## What is payment suppression?

We offer payment suppression as a choice to medical facilities that are also self-insured Aetna plan sponsors.

When these facilities' employees (who are also Aetna members) incur medical services from their employer, the actual provider payment is suppressed since it's already the employer's money. When the TIN and control suffix account (CSA) combination matches one of the combinations on the payment suppression list, we send no payment for that claim. (We use a CSA to uniquely identify Aetna plan sponsors.) We then group the claim with other zero-payment claims and send an ERA or EOB to the provider. This process applies to preferred provider organization (PPO)-based and indemnity claims only.

## How does payment suppression work in the ERA?

After we adjudicate the claim and determine the claim payment amount, we create a claim-level adjustment that contains an adjustment amount equal to the claim payment amount. The claim payment amount is then reduced to zero. Since all claims in the ERA are payment suppressed, the provider payment amount is also zero.

## ERA example of a payment suppression claim

### Provider payment amount shows zero

BPR\*1\*0

### Trace number begins with "9," which means zero payment

TRN\*1\*908147800001132

### Claim payment amount shows zero

CLP\*35270809\*1\*190\*0\*10\*14\*E1AABQV7L0000\*11\*1

### Claim-level adjustment shows the amount that would have been paid if payment had not been suppressed

CAS\*PI\*139\*173.48

NM1\*QC\*1\*removed\*removed\*\*\*\*MI\*removed

### Combination of provider TIN and plan sponsor CSA indicates payment suppression

REF\*1L\*0809042-010-00000-MA NET 00339

REF\*CE\*Managed Choice POS

.....

SVC\*HC>99202\*190\*173.48\*\*1

CAS\*CO\*45\*16.52

AMT\*B6\*173.48

# NPIs and ERAs

We don't send ERAs to providers subject to the NPI regulations when **all** of the following apply:

- A billing provider NPI isn't sent on the claim.
- We haven't been notified of a specific primary or default payee NPI to use on ERAs.
- The payee doesn't have a "default NPI" recorded in our provider records.

Providers billing with multiple NPIs can choose to:

- Receive separate payments/ERAs for each billing NPI submitted on claims
- Designate a primary payee NPI value to be returned on all ERAs regardless of billing NPI submitted on the claim; we'll return the primary payee NPI in the header and the billing NPI on the individual claims
- Designate a default payee NPI to be returned on ERAs for claims submitted without a billing NPI such as:
  - Paper claims
  - Older claims that Aetna is reprocessing

We'll issue an online EOB, but we won't send an ERA if **both** of the following apply:

- We adjudicate or reprocess a claim sent without a billing provider NPI.
- We don't have an NPI on file.

If you don't receive some ERAs, please be sure to include the billing provider NPI in all your claims (including any paper claims) and designate one of the following:

- A primary payee NPI to be returned on all your ERAs
- A default payee NPI to be used when a billing provider NPI isn't on the claim

## Designating a specific payee NPI

When a provider chooses to supply Aetna with a payee NPI value to *override* the value submitted on the claim, this ensures that:

- No ERAs are diverted to an online EOB because of missing payee NPI information
- We'll send the smallest number of payments

When a provider chooses to supply us with a *default* payee NPI value, this ensures that:

- No ERAs are diverted to an online EOB because of missing payee NPI information
- We'll use billing provider NPI values when available from submitted claims

Failure to supply us with a primary or default payee NPI value means remittance advices for claims without billing provider NPIs are only available via online EOB.

## How to notify us of a primary or default payee NPI value

Use the "Contact" link on [www.aetna.com](http://www.aetna.com) to notify us of primary or default payee NPI additions or changes.

## How we group our payments and ERAs

HIPAA requires a separate ERA to be created for each ERA NPI payee. Each ERA is associated with a separate payment. The more payee NPIs that are used, the more payments (and ERAs) that will be created.

However, NPI is not the only thing that determines the number of payments you will receive. Other situations resulting in multiple payments include the following:

- Separate payments are sent on behalf of self-insured plan sponsors.
- Some states require payments from separate bank accounts for plans they regulate.
- Most of our claims payments are grouped by payee and sent on a weekly basis, but payments from Medicare Advantage plans are currently sent daily, separated by rendering provider or facility.

## Valuing NPIs and TINs in Aetna ERAs

Unless you use a primary payee NPI, we'll value the ERA with these NPI values:

- Payee ID
  - Billing provider NPI from claim
- Provider Summary ID
  - For professional and dental claims — claim rendering provider NPI from claim
  - For institutional claims — claim service facility NPI from claim
- Claim Rendering Provider ID
  - For professional and dental claims — claim rendering provider NPI from claim
  - For institutional claims — claim service facility NPI from claim
- Service Level Rendering Provider ID
  - For professional and dental claims — service level rendering provider NPI from claim
  - For institutional claims — service level service facility NPI from claim

If you use a primary payee NPI, we'll value the ERA with these NPI values:

- Payee ID
  - Primary payee NPI
- Provider Summary ID
  - Billing provider NPI from claim



- Claim Rendering Provider ID
  - For professional and dental claims — claim rendering provider NPI from claim
  - For institutional claims — claim service facility NPI from claim

- Service Level Rendering Provider ID
  - For professional and dental claims — service level rendering provider NPI from claim
  - For institutional claims — service level service facility NPI from claim

We'll always send the TIN and provider business group to identify the taxpayer ID that will be used for IRS reporting and the provider business area handling remittances for the claim.

## Understanding the EFT

- You can enroll one or more bank accounts to receive EFT payments.
- You won't receive paper checks anymore.
- You're responsible for working directly with your financial institution to reconcile EFTs and to ensure that all the necessary information posts to your patient accounts.

**Note:** EFT enrollment information may be accessed by all Aetna affiliates, including Innovation Health Holdings, LLC, and Coventry Health Care, Inc., and their respective subsidiaries.

To ensure your payments continue uninterrupted, please notify us promptly if you change your bank account. You'll need to complete and submit a new enrollment form.

### Trace number vs. check number

- A trace number is the number that links the EFT to an ERA. It's located in the TRN02 segment in the 835. The original trace number prefixes and their corresponding definitions are below. The first few bytes of the trace number can help identify the type of payment that is processed for the ERA transaction (please refer to the chart for examples).
- The trace number found in the EFT addenda record links the ERA and EFT together.
- You're responsible for contacting your financial institution to arrange for receiving EFT addenda.
- Your vendor may truncate the trace number on the ERA or exception reports.

<b>KEY</b>	<b>YY</b> Year <b>NN</b> Iteration	<b>JJJ</b> Julian date <b>SSSSSS</b> Sequence #	<b>MM</b> Month <b>DD</b> Day
<b>Example</b>	<b>Prefix</b>	<b>Comments</b>	
<b>16MMDDYYSSSSSS</b>	16	HMO-based fully funded claim and periodic interim payments (PIP) made by EFT	
<b>170940020000234</b>	17	HMO-based self-funded claim and PIP made by EFT	
<b>F69993476000101, CB9993476000101</b>	FB99, F2-F899, CB99, C2-C999	HMO-based zero pay	
<b>CB14131930</b>	CB, C2-C7	HMO-based payment made by check (not followed by the number 99)	
<b>F812345678</b>	F8-F9	HMO-based self-funded payments made by check	
<b>C916702241</b>	C8-C9	HMO-based self-funded payments made by check	
<b>2412345670000068</b>	24	All medical capitation (CAP) payments made by EFT	
<b>1512345670000068</b>	15	All other plans EFT including Aetna Student Health <sup>SM</sup> plans	
<b>8YYJJJNNSSSSSS</b>	8	All other plans EFT including Aetna Student Health	
<b>3YYJJJNNSSSSSS</b>	3	All other plans EFT including Aetna Student Health	
<b>099992008000042</b>	09999	All other plans zero pay	
<b>9YYJJJXSSSSSSS</b>	9	All other plans zero pay	
<b>000117-04396394</b>	All others	All other plans payment made by check	
<b>21MMDDYYSSSSSS</b>	21	Pharmacy payments made by EFT	
<b>25JJJNNNNSSSSS</b>	25	Commercial pay-for-performance and Bridges to Excellence <sup>®</sup> program payments — HMO dental rider	
<b>26JJJNNNNSSSSS</b>	26	Medicare capitation (Wonder Cap) payments	
<b>51YYJJJNNSSSSSS</b>	51	Medicare pay-for-performance and Bridges to Excellence payments	

### **EFT effective date vs. settlement date**

- After you successfully enroll in EFT, we'll send you a confirmation e-mail with your EFT effective date. The EFT effective date doesn't take into account bank processing time or claims that haven't yet been adjudicated.
- Claims already in process on or before the EFT effective date will still generate paper checks. After we generate an EFT, it takes three business days for funds to settle in the bank account.
- When we begin issuing your EFTs, the payment date listed in your ERA will match the date listed on your EFT addenda. It will reflect the actual date the funds will be available in your bank account. However, the date on the online EOB won't match the deposit date of the EFT. The online EOB date is the date that the EOB was issued, not the deposit date.
- You can choose to receive an e-mail when we transmit an EFT payment. Sign up on our secure provider website at <https://connect.navinet.net>.

### **EFT and overpayment recovery**

- Our overpayment recovery process won't change once you enroll in EFT.
- We'll only reverse an EFT deposit from your account in the instance of a duplicate or erroneous EFT. If an electronic debit is unsuccessful, or for deposit-only accounts, we'll pursue settlement by alternate means.

### **Medical claims vs. capitation**

- EFTs for medical claim payments are transmitted separately from CAP and PIP payments.

### **EFT vs. paper checks**

- Although you may be enrolled in EFT, approximately five percent of payments are still issued by a paper check. Some reasons for receiving paper EOBs and checks when enrolled in EFT include:
  - We're not notified in advance of a bank account change, and the EFT fails.
  - We're not notified in advance of changes or additions to billing address information.
- If we need to reissue the funds previously associated with an EFT, we'll reissue the funds as a paper check.

## **Where to turn for help**

Depending on your situation, you have a variety of resources to help you find the answers you're looking for:

- For technical questions, contact your vendor. If the vendor isn't able to help, and you'd like to confirm your deposit, visit [www.aetna.com](http://www.aetna.com) and send us an e-mail by selecting the "Contact" link.
- For questions about your posting software, contact your software vendor.
- For questions about EFT, contact your bank. If your bank isn't able to help, and you'd like to confirm your deposit, visit [www.aetna.com](http://www.aetna.com) and send us an e-mail by selecting the "Contact" link.
- For information on the HIPAA Claim Adjustment Reason Codes, visit [www.wpc-edi.com/reference](http://www.wpc-edi.com/reference).
- To make changes to your ERA/EFT setup, complete a new ERA/EFT enrollment form using one of the methods listed at the beginning of this document.