

Aetna Better Health of Ohio

7400 W. Campus Road
New Albany, OH 43054



MyCareOhio
Connecting Medicare + Medicaid

November 1, 2023

Paper Remit Updates

Dear Providers,

Aetna Better Health of Ohio is pleased to announce that several improvements were incorporated to our Paper Remits. It has been redesigned to offer precise and easy-to-understand information on the paper remittance.

Providers will be able to see the following changes:

- Provider Remit Layout changing from portrait to landscape
- Reason codes will be on the same line as the service vs below all the claim lines
- Additional fields are being added to assist with clarity of reading the Paper RA

Thank you for your continued participation in the Aetna Better Health of Ohio network.

Sincerely,
Aetna Better Health of Ohio
Provider Experience Department

Enclosed: Remit Instructions

Questions?

If you have general questions about this communication, please contact our Provider Experience Department:

By Phone: **1-855-364-0974 (TTY: 711)**

By Email: oh_providerservices@aetna.com

Paper Remittance (New Design)

The Remittance Document Overview

The purpose of this job aid is to assist Provider Relations and Claims Inquiry/Claims Research representatives with a high-level breakdown of the redesigned remittance document when answering provider-related questions.

Section A: Page layout

The following section contains high-level claim payment details as well as basic provider data.

The diagram shows a sample of a remittance document page. At the top left is the Aetna logo. To its right is a disclaimer: "Federal regulation prohibits billing Medicaid members, unless noted as member responsibility on this remittance advice." Further right is the page number "Page 3 of 11". Below the logo is a box labeled "Section A". In the center is the text "WHITE STOCK". On the right side is a table of financial data. Callouts A1 through A6 point to specific elements: A1 points to the page number, A2 points to the Billing Provider Name, A3 points to the TIN and NPI, A4 points to the Line of Business, A5 points to the Discount and Interest rows in the table, and A6 points to the Payment # row in the table.

Remit Date:	02/21/2022
Beginning Balance:	0.00
Discount:	0.00
Interest:	6.54
Refund Amount:	0.00
Amount Recouped:	0.00
Amount Paid:	66.86
Ending Balance:	0.00
Payment #:	1006975

A1: Page number

A2: Billing Provider Name

A3: TIN & NPI

A4: Line of Business

A5: Discount & Interest

A6: Payment # - *Note:* This field notates the check number when there is a payment or payment ID when there is not a payment.

Section B

This section illustrates key fields a provider may refer to when reviewing individual claim information. This section has been re-designed to be easier to interpret and quickly find important claim payment details.

Member Name: B1		Member #: 20211013		Claim#: B2		Claim Status: REVERSED	
Acct #: B3		Date Received: 20211013		Auth#: B2		Place of Service: 81	
Claim Provider: AIT LABORATORIES		NPI #: Section B		Billed DRG: B5		DRG: B5	
Adjustment of Claim #: 21286E0100447							

Line #	Service From - To	Serv Code	Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Not Payable	Remark	Member Responsibility				Paid Amount
										Ded PR1	Coins PR2	Copay PR3	Other	
1	10/07/21	U0003		-1	FFS	-125.00	-100.00	-25.00	CO45	0.00	0.00	0.00	0.00	-100.00
2	10/07/21	U0005		-1	FFS	-31.25	-6.25	-25.00	CO45	0.00	0.00	0.00	0.00	-6.25
Payment #		1006975		Claim Totals		-156.25	-106.25	-50.00		0.00	0.00	0.00	0.00	-106.25

Member Name: B1		Member #: 20211013		Claim#: B2		Claim Status: PAID	
Acct #: T4245380		Date Received: 20211013		Auth#: B2		Place of Service: 81	
Claim Provider: AIT LABORATORIES		NPI #: Section B		Billed DRG: B5		DRG: B5	
Adjustment of Claim #: 0.65							
Interest Amount: 0.65							

Line #	Service From - To	Serv Code	Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Not Payable	Remark	Member Responsibility				Paid Amount
										Ded PR1	Coins PR2	Copay PR3	Other	
1	10/07/21	U0003		1	FFS	125.00	67.50	57.50	CO45	0.00	0.00	0.00	0.00	67.50
2	10/07/21	U0005		1	FFS	31.25	24.12	7.13	CO45	0.00	0.00	0.00	0.00	24.77
Payment #		1006975		Claim Totals		156.25	91.62	64.63		0.00	0.00	0.00	0.00	92.27

B1: Member Name & Member #

B6: Line#: Service From-To

B2: Claim # & Claim Status

B7: Serv Code, Rev Code, Units FFS/CAP

B3: Acct #

B8: Billed & Allowed Amount - *Note:* There may be more than one line per service code

B4: Claim Provider & Adjustment of Claim

B9: Member Responsibility - *Note:* There may be more than one line per service code

B5: Billed DRG & DRG

Section C: Code/Description

This section is an example of a Remit document showing the applicable claim remarks in the code descriptions area.

Member Name:		Member #:		Claim #:		Claim Status: DENIED	
Acct #:		Date Received: 20211015		Auth#:		Place of Service: 12	
Claim Provider: AIRLIFE MEDICAL LLC		NPI #:		Billed DRG:		DRG:	
Adjustment of Claim #: 21291E0051728							
Claim Level Messages: MA67		Section C Remarks and Code/Description					

Line #	Service From - To	Serv Code	Modifier	Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Not Payable	Remark	Member Responsibility				Paid Amount	
											Ded PR1	Coins PR2	Copay PR3	Other		
1	10/02/21	E0305	RR KI KX		1	FFS	16.56	0.00	-8.36	CO26 OA23 N52 N650	0.00	0.00	16.56	16.56	0.00	
Payment #							Claim Totals	16.56	0.00	0.00		0.00	0.00	16.56	16.56	0.00

Provider Summary:							Billed Amt.	Allowed Amt.	Not Payable	Ded	Coins	Copay	Other	Paid Amount	
Interest Paid: 0.00							Discount/Penalty: 0.00	Provider Claims Total:	16.56	0.00	0.00	0.00	0.00	16.56	16.56
Check Date: C3							Check Number:	Check Amount:							

Code/Description	
CO	Contractual Obligations. Use this code when a joint payer/payee contractual agreement or a regulatory requirement resulted in an adjustment.
OA	Other adjustments.
PI	Payor Initiated Reductions. Use this code when, in the opinion of the payer, the adjustment is not the responsibility of the patient, but there is no supporting contract betw
PR	Patient Responsibility.
CO26	EXPENSES INCURRED PRIOR TO COVERAGE
MA67	ALERT: CORRECTION TO A PRIOR CLAIM
N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
N650	THIS POLICY WAS NOT IN EFFECT FOR THIS DATE OF LOSS NO COVERAGE IS AVAILABLE.
OA23	THE IMPACT
PR3	CO-PAYMENT

Claim Level Messages: M467

Not Payable Remark:
 CO26
 OA23
 N52
 N650

Member Responsibility Remark:
 PR3

TEST

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C1: Claim Level Messages

C3: Code/Descriptions

C2: Remark for each service line. *Note:* there may be more than one line per service code

C4: Code reference