

AETNA BETTER HEALTH® OF VIRGINIA

The Aetna Better Health of Virginia Plan Portal is Getting an Upgrade!

We are pleased to announce the availability of our new and improved solution for verifying member information and submitting claims to Aetna Better Health of Virginia and Aetna Better Health of Virginia HMO SNP. Within the next two months, ConnectCenter will replace Emdeon Office, giving you a more reliable, more complete way to submit claims, all at no cost to you.

Get started today!

Go [here](#) to begin setting up your account. You will be able to setup a new account in seconds. Once you have received your new credentials, you may immediately begin checking eligibility. Claim submission will be available to you within one business day of setting up your account. Be sure to bookmark the new login page [here](#).

You will be able to use your ConnectCenter and Emdeon Office accounts at the same time until **March 20, 2021**. After that date, most of your Emdeon Office account will be deactivated. However, we will provide continued access to old claims by allowing you to log in directly to the *Reporting & Analytics* feature within Emdeon Office. In order to ensure that you have as much time as possible to transition to ConnectCenter, we highly recommend that you start using it immediately. Below are user guides and similar materials to help answer any questions you might have.

Here are a few of the improvements you can look forward to with ConnectCenter:

- Claims users no longer need to choose between data entry of claims and upload of 837 files. All users may do both.
- Secondary and tertiary claims can be submitted.
- Institutional claims are supported.
- Claims created online are validated in real-time so you can correct them in real-time.
- Whether you upload your claims or create them online, your claim reports are integrated with the claim correction screen for ease in follow-up.
- Dashboard and work list views makes managing your billing to-do list a snap.
- On-shore customer support available through phone and online chat.

Resources

- [Signing Up](#)
- [Getting Started with Claims](#)
- [Keying a Professional \(CMS1500\) Claim Online](#)
- [Keying an Institutional \(UB04\) Claim](#)
- [Getting Started with Eligibility](#)
- [Getting Started with Claim Status](#)
- [Getting Started with Provider Management](#)

Tip: To save any of these guides for later use, right click on the link to the guide and choose an option like "Save Link As." (The name of the download command varies between different browsers.) Once the "Save As" popup window opens, be sure to note where the guideline is being saved. The default directory is usually your Downloads folder.

How to Ensure Long Term Access to Old Claims

To retain access to old claims after **March 30**, take the following steps to establish a Reporting & Analytics account that can be accessed independently of Emdeon Office:

1. Visit access.emdeon.com and select *Forgot Password*.
2. Provide your email address and the same username you use to access the Emdeon Office Aetna Better Health portal.
3. Once your new password is emailed to you, make note of the username, password and access.emdeon.com URL for use in future access to *Reporting & Analytics*.

If you are unable to obtain a new password as described above, please contact customer support for assistance at **1-877-667-1512**, option **2**.

Whether you login to *Reporting & Analytics* via access.emdeon.com or by choosing *Reporting & Analytics* from the *Claims* menu in the old portal, the functionality will be the same. You will be able to view details and track the status of claims submitted in Emdeon Office. Rejected claims can be corrected and resubmitted from within *Reporting & Analytics*. Although all claims in *Reporting & Analytics* remain accessible for 15 months from the date of claim submission, **you will not be able to get to these claims after March 30 unless you follow the steps above** to create a user account on access.emdeon.com.

Frequently Asked Questions

Q. When will I receive my new password?

A. Your password will be emailed to you within a few hours of the time that you sign up for ConnectCenter. You will likely receive a **separate** welcome email prior to receiving your new password. If you are eager to get started and don't want to wait for your password to be delivered, you can use the [Forgot Password?](#) link on the ConnectCenter login page to choose a new password. Do keep in mind, however, that you must wait one business day after your account is created before you may submit claims.

Q. What is my Vendor Code?

A. If you access the ConnectCenter sign-up screen from the ConnectCenter login page, rather than from the link included above, you will be required to enter a vendor code before you can sign up. The vendor code that you should enter is 214557. For your convenience, this code will be automatically supplied when you access the Sign Up process from [here](#), or from the button provided on the Office login page. FYI, the vendor code 214557 will also be referred to in ConnectCenter as your biller code. This identifier indicates that your account is sponsored by Aetna Better Health Plan.

Q. Why does the *Sign Up* screen say "Aetna SSI Payer Internal Use" at the top?

A. Please ignore this inaccurate label. So long as the vendor code 214557 is displaying in the vendor code field, the account you create will be registered with Aetna Better Health. If you do happen to also submit claims to Aetna Senior Supplement, you may be interested to know that Aetna SSI will be one of several additional Aetna plans that is also available for your use in your new account.

Q. Why doesn't the Next button work when I try to Sign Up? What do I do when I get the error: "You must select a feature before continuing"?

A. On the first page of the *Sign Up* screen, please be sure to select the radio buttons next to "\$0.00 per Transaction" in each row. Do not select the circles next to *NA* as doing so would prevent you from obtaining access to corresponding feature.

Q. How do I associate the providers in my office to my new account?

A. You should add your providers by logging into ConnectCenter and then choosing *Admin*, and then *Provider Management* from the ConnectCenter main menu. For more details see [Getting Started with Provider Management](#). Note, that the first time you access *Provider Management* to add providers, you should select "search" on the opening page without entering ANY data in any of the fields provided. This tip and additional instructions are available in the *Getting Started* guide.

Q. How do I use Provider Management if I am an atypical provider and do not have an NPI?

A. When creating or editing a provider, atypical providers should change the ID Type field from NPI to API, and then enter the atypical provider identifier into the ID field. In some cases, the atypical ID may be your Tax ID. Whether your atypical provider ID and tax ID are the same or different, you have the option to also enter your Tax ID in a separate Tax ID field. When performing an eligibility inquiry, provider information will use an NPI if you have one, followed by a Tax ID if there is no NPI. Atypical ID will be selected only for provider records that do not contain NPI or Tax ID. When using the provider directory to help create a claim, only NPI is currently retrieved.

Q. What is a submitter ID? or a biller ID?

A. ConnectCenter assigns an ID called a submitter ID to each provider office or provider organization. This arbitrary 6-digit number will be displayed next to the name of your practice at the top of the ConnectCenter window. While you don't need to memorize the number, it will be included on most reports and also in-service interactions with our customer support team. The billing ID identifies your account as sponsored by Aetna Better Health Plan and will be shared by your account and all other accounts also sponsored by Aetna Better Health.

Need Help?

- Call **1-800-527-8133**, option **2**, for questions about:
 - Submitting new claims.
 - Eligibility.
 - Claim status.
- Call **1-877-667-1512**, option **2**, for questions about:
 - The status of old claims.
 - Access to *Reporting & Analytics*.