Aetna Better Health<sup>®</sup> of Virginia PO Box 818044 Cleveland, OH 44181-8044



# **Aetna Better Health<sup>®</sup> of Virginia** Resubmission through Availity

Dear Provider:

Do you have a claim that falls into one of these categories? If so, you should use the *Resubmission* function within our Provider Portal, Availity.

- Itemized Bill
- Duplicate Claim
- Proof of Timely Filing
- Coordination of Benefits
- Claim/Coding Edit (Claim Check, ClaimsXTEN, and Cotiviti)
- Corrected Claim

This functionality will not be found in the *Appeals* section of Availity. It will be found in the *Send Attachment* option under *Claim Status*.

#### Follow the instructions on the next few pages to submit your reconsiderations.

Access the Provider Dispute and Resubmission Form on our website.

We appreciate you using our Provider Portal.

Aetna Better Health of Virginia

## How to Send Claim Attachments in the Provider Portal

#### Introduction

This document outlines what steps a provider will take to submit a claim attachment using the Provider Portal.

Step	Action						
1.	Log on to the provider portal using your credentials.						
	Availity						
	Sign In User ID Enter your user ID.						
	Enter your password.						
	Sign In						
	Forgot your user ID? Forgot your password?						
	Note: Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy.         Note: If you are not registered with Availity, you can do so here.						
2.	For assistance registering, contact Availity Client Services at <b>1-800-282-4548</b> .           Navigate         to the Claim Status & Payments section and select "Claim Status."						
	Availity 🛛 🤤 essentials 🏘 Home 🌲 Notifications 🛛 🌣 My Favorites 🗸						
	Patient Registration v Claims & Payments v my noviders v Payer Spaces v More v Reporting v						
	Claim Status & Payments     Claims     EDI Clearinghouse       Notification Cent     Image: Claim Status     Image: Claim Status     Image: Claim Status						
	My Top Applications 🗢 A Appeals 🗢 EDI Reporting Preferences						
	Payer List						
	Escentials Config						

3.	To access the <i>Claim Status</i> , select their payer f <b>AETNA BETTER HEALTH ALL PLANS AND N</b>	rom the dropdown: J-VA MAPD-DSNP				
	Organization Payer           Actna Medicaid Administrators         \vee	Payer ❷ AETNA BETTER HEALTH ALL PLANS AND NJ-VA MAPD-OSNP ✓				
4.	<b>Enter</b> all required fields (indicated with an *) and hit <i>Submit</i> .					
	Provider Information					
	* Is the provider the same as the organization name?					
	Select a Provider	wider NPI 🔗				
	Select V					
	Patient Information	mber ID 😡				
	Q Select					
	* Patient Last Name * Pat	ient First Name				
	* Patient Date of Birth Patien	nt Gender				
	MM/DD/YYYY	ect				
	Patient Account Number  Patie Set	nt's Relationship to Subscriber f				
	Claim Information					
	* Service Dates 😜	196				
	Claim Number  Claim	vare				
	Institutional Bill Type 💿					
		Submit Clear Fo				
5.	Select the claim in question					
	Results (Displaying 1 - 1 of 1) As of June 19, 2024 5 21 PM	Export to CSV 🗈 Print this Page 🖨				
	Transaction ID: 3ae25c33-2116-45a6-94a2-e721aeef722f Status ♦ Service Dates ♦ Claim # ♥ Patient Name ♥ Member ID ♥ Pati	ient DOB ♦ Patient Account Number ♦ Billed Amount ♦ Paid Amount ♦				
	U4/U.S/2/0/4					

6.	Click on the Send Attachments icon.					
	Home > Select > Search > Results > Details     Need Help? Learn More       C1 Claim Status     Give Feedback					
	Please verify that you are submitting for an Aetna Medicaid (Aetna Better Health) member. If your member has Aetna Commercial or Medicare coverage, please change your payer selection so your request is vour a payor provided appropriately.					
	Customer ID 929544 Exchange Date June 19, 2024 5 22 PM Export to CSV Print this Page Return to Results New Search Edit Search Transaction ID 7b3735a4-3046-4850-8384-5atb8690c331 Verify Eligibility Send Attachments Dispute Claim					
	Better Health* Patient Information					
7.	Enter the Tax ID and hit Submit.					
	Send Attachments: Missing * Required Field					
	* Tax ID					
	Submit					
8.	Select Add File.					
	Send Attachments					
	• Add File					
	Close Send					

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9.	Select the applicable file from y	our comp	outer and, when d	lone, select Open	Size
	Name	Status	Date modified	lype	Size
	ABHOK - Claim submissions 5_19 - 5_28.xlsx	$\odot$	5/29/2024 11:37 AM	Microsoft Excel Work	305 KB
	<b>e</b> .	$\odot$	5/17/2024 1:26 PM	Microsoft Word Doc	701 KB
		Ø	5/9/2024 11:45 AM	Microsoft Word Doc	128 KB
		0	5/13/2024 0:52 AIVI	Microsoft Edge PDF	1 166 KB
		Ø	6/7/2024 10:45 AM	Microsoft Excel Work	100 KB
		Ø	5/13/2024 2:39 PM	Microsoft Edge PDF	1.287 KB
	a la	Ø	6/17/2024 10:54 AM	Microsoft Word Doc	107 KB
	<b>ABHOK</b> - Claim submissions 5_19 - 5_28.xlsx <b>Note:</b> Repeat this step if there as complete.	re multipl	e attachments; m	Custom Files (*.csv; Open	*.doc;*.doc: ~ Cancel when
10.	Select Send.				
	Send Attachments				
	ABHOK - Claim s				
		~ -			
	• Add Another File Attachment				
		Send			
11.	End Process				