

**Aetna Better Health® of Virginia**

PO Box 818044

Cleveland, OH 44181-8044



# **Aetna Better Health® 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.](#)**

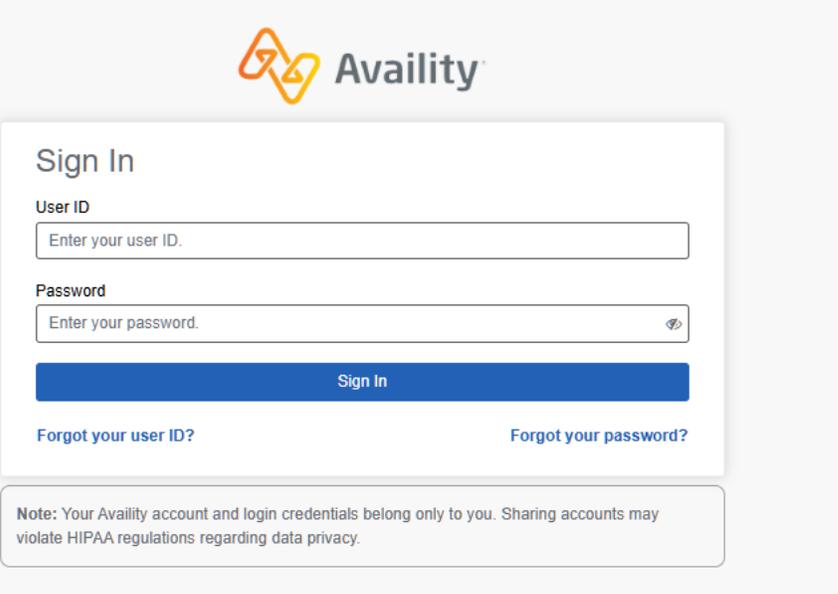
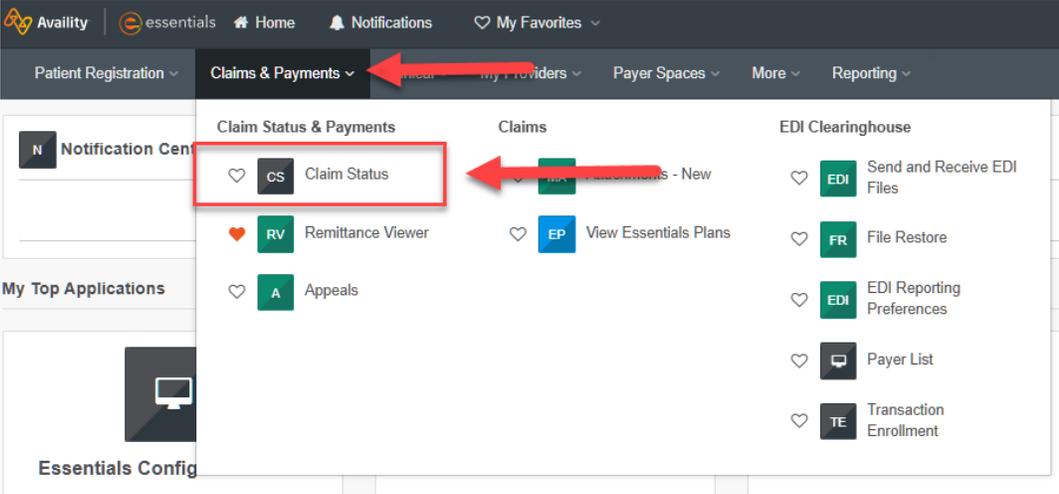
We appreciate you using our Provider Portal.

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.	<p>Log on to the provider portal using your credentials.</p>  <p><b>Note:</b> If you are not registered with Availity, you can do so <a href="#">here</a>. For assistance registering, contact Availity Client Services at <b>1-800-282-4548</b>.</p>
2.	<p><b>Navigate</b> to the <i>Claim Status &amp; Payments</i> section and select “Claim Status.”</p> 

3. To access the *Claim Status*, select their payer from the dropdown:  
**AETNA BETTER HEALTH ALL PLANS AND NJ-VA MAPD-DSNP**

Organization: Aetna Medicaid Administrators | Payer: AETNA BETTER HEALTH ALL PLANS AND NJ-VA MAPD-DSNP

4. **Enter** all required fields (indicated with an **\***) and hit **Submit**.

**Provider Information**

\* Is the provider the same as the organization name?  Yes  No

Select a Provider: [Select...] | \* Provider NPI: [ ]

Provider Tax ID: [ ]

**Patient Information**

Select a Patient: [Q. Select... | clear] | \* Member ID: [ ]

\* Patient Last Name: [ ] | \* Patient First Name: [ ]

\* Patient Date of Birth: [MM/DD/YYYY] | Patient Gender: [Select...]

Patient Account Number: [ ] | Patient's Relationship to Subscriber: [Self]

**Claim Information**

\* Service Dates: [From Date] - [To Date]

Claim Number: [ ] | Claim Amount: [ ]

Institutional Bill Type: [ ]

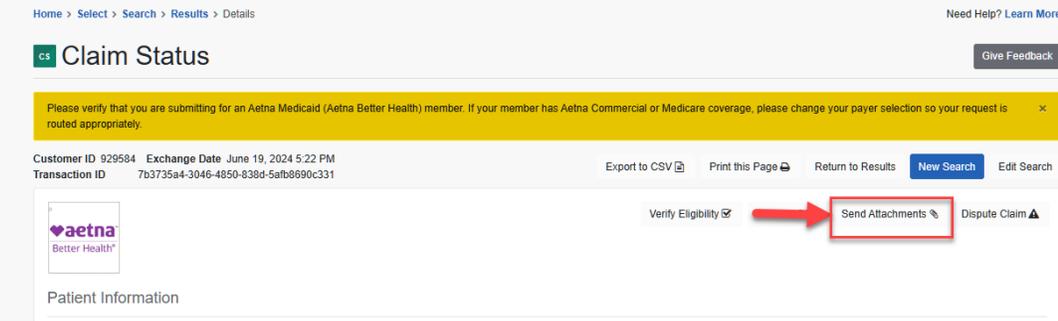
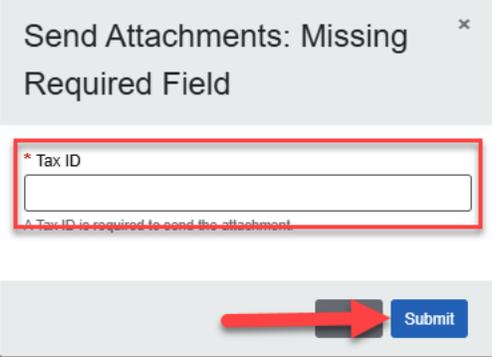
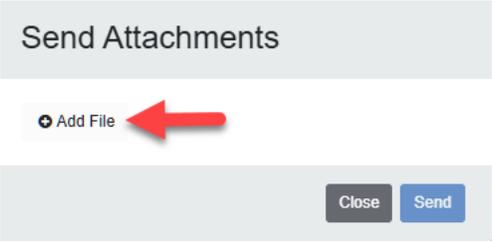
 **Submit** Clear Form

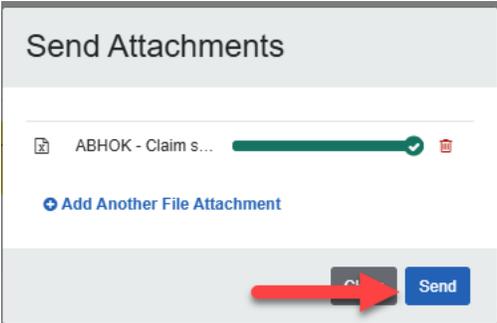
5. **Select** the claim in question

Results (Displaying 1 - 1 of 1)  
 As of June 19, 2024 5:21 PM  
 Transaction ID: 3ae25c33-2116-45a6-94a2-e721a0ef722f

[Export to CSV](#) [Print this Page](#)

Status	Service Dates	Claim #	Patient Name	Member ID	Patient DOB	Patient Account Number	Billed Amount	Paid Amount
<b>DENIED</b>	04/03/2024 04/03/2024							

<p>6.</p>	<p><b>Click on the <i>Send Attachments</i> icon.</b></p> 
<p>7.</p>	<p><b>Enter the <i>Tax ID</i> and hit <i>Submit</i>.</b></p> 
<p>8.</p>	<p><b>Select <i>Add File</i>.</b></p> 

<p>9.</p>	<p><b>Select</b> the applicable file from your computer and, when done, select <i>Open</i></p> <table border="1"><thead><tr><th>Name</th><th>Status</th><th>Date modified</th><th>Type</th><th>Size</th></tr></thead><tbody><tr><td> ABHOK - Claim submissions 5_19 - 5_28.xlsx</td><td></td><td>5/29/2024 11:37 AM</td><td>Microsoft Excel Work...</td><td>305 KB</td></tr><tr><td></td><td></td><td>5/17/2024 1:26 PM</td><td>Microsoft Word Doc...</td><td>701 KB</td></tr><tr><td></td><td></td><td>5/9/2024 11:45 AM</td><td>Microsoft Word Doc...</td><td>128 KB</td></tr><tr><td></td><td></td><td>5/17/2024 8:32 AM</td><td>Microsoft Excel Work...</td><td>13 KB</td></tr><tr><td></td><td></td><td>5/13/2024 2:39 PM</td><td>Microsoft Edge PDF ...</td><td>1,166 KB</td></tr><tr><td></td><td></td><td>6/7/2024 10:45 AM</td><td>Microsoft Excel Work...</td><td>100 KB</td></tr><tr><td></td><td></td><td>5/13/2024 2:39 PM</td><td>Microsoft Edge PDF ...</td><td>1,287 KB</td></tr><tr><td></td><td></td><td>6/17/2024 10:54 AM</td><td>Microsoft Word Doc...</td><td>107 KB</td></tr></tbody></table>  <p><b>Note:</b> Repeat this step if there are multiple attachments; move to next step when complete.</p>	Name	Status	Date modified	Type	Size	 ABHOK - Claim submissions 5_19 - 5_28.xlsx		5/29/2024 11:37 AM	Microsoft Excel Work...	305 KB			5/17/2024 1:26 PM	Microsoft Word Doc...	701 KB			5/9/2024 11:45 AM	Microsoft Word Doc...	128 KB			5/17/2024 8:32 AM	Microsoft Excel Work...	13 KB			5/13/2024 2:39 PM	Microsoft Edge PDF ...	1,166 KB			6/7/2024 10:45 AM	Microsoft Excel Work...	100 KB			5/13/2024 2:39 PM	Microsoft Edge PDF ...	1,287 KB			6/17/2024 10:54 AM	Microsoft Word Doc...	107 KB
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<p>11.</p>	<p><b>End Process</b></p>																																													