Aetna Better Health of Ohio

7400 W. Campus Road New Albany, OH 43054





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-tounderstand 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

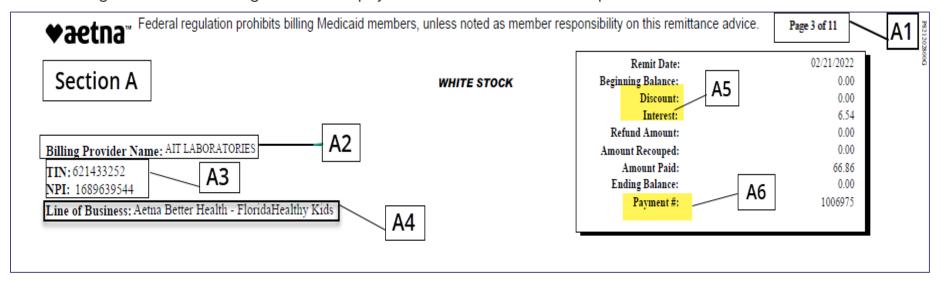
Paper Remittance (New Design)

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.



A1: Page number

A4: Line of Business

A2: Billing Provider Name

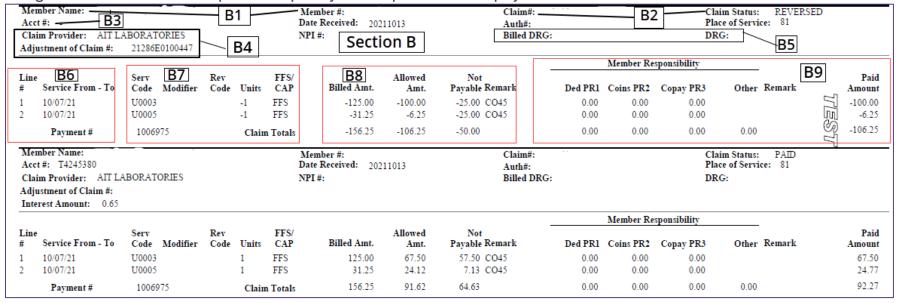
A5: Discount & Interest

A3: TIN & NPI

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 redesigned to be easier to interpret and quickly find important claim payment details.



B1: Member Name & Member # **B6:** Line#: Service From-To

B2: Claim # & Claim Status **B7:** Serv Code, Rev Code, Units FFS/CAP

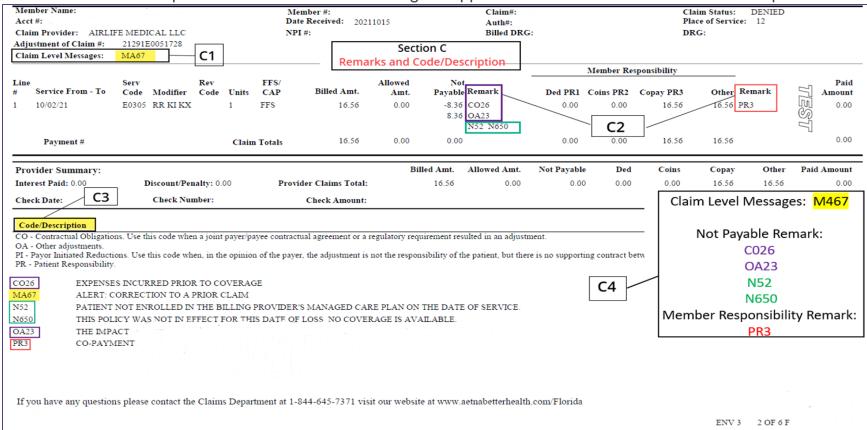
B3: Acct # B8: Billed & Allowed Amount - *Note:* There may be more than one line per service code

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.



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