

# Aetna Better Health of Texas

## Provider Web Portal Demonstration





# Agenda

- Registering for the Aetna Better Health of Texas Provider Web Portal
- Locating and Verifying Member Eligibility
- Navigating and Leveraging the Key Features of the Electronic Prior Authorization Domain
- Checking Claims Status



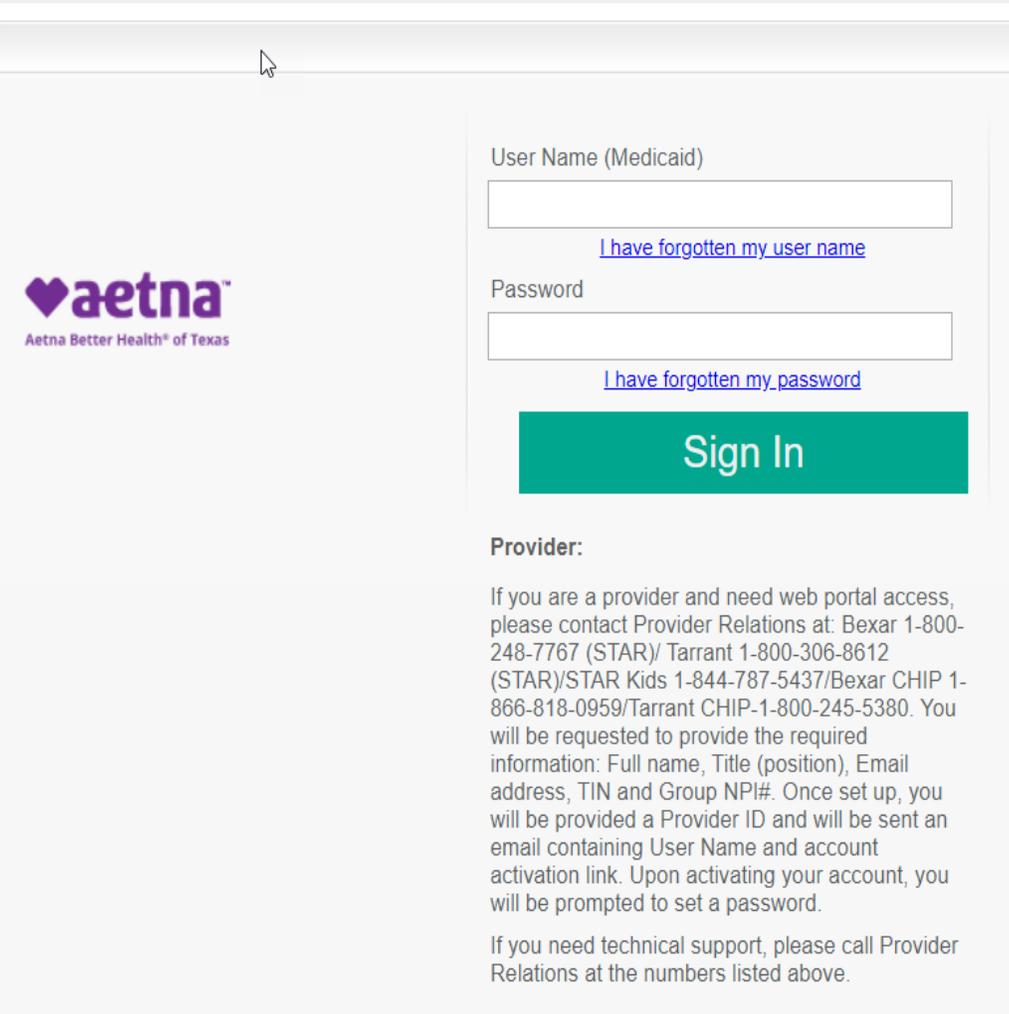
# Registration for the Provider Web Portal

# Requires Unique Logon And Password

## STEPS FOR INITIAL ACCOUNT SET UP

- Call: Bexar 1-800-248-7767 (STAR)/ Tarrant 1-800-306-8612 (STAR)/STAR Kids 1-844-787-5437/Bexar CHIP 1-866-818-0959/Tarrant CHIP-1-800-245-5380.
- Information needed to register:
  - Full name, Title (position)
  - Email Address
  - TIN
  - Group NPI
- Email will be sent containing username and activation link to enable first log in
- Upon activating your account, you will be prompted to set a password

TX-20-04-18



The screenshot shows the Aetna login interface. On the left is the Aetna logo with the tagline 'Aetna Better Health® of Texas'. On the right, there are two input fields: 'User Name (Medicaid)' and 'Password'. Below each field is a blue link: '[I have forgotten my user name](#)' and '[I have forgotten my password](#)'. A large green button labeled 'Sign In' is positioned below the password field. At the bottom right, there is a 'Provider:' section with detailed instructions for provider registration and contact information for Provider Relations.

**Provider:**

If you are a provider and need web portal access, please contact Provider Relations at: Bexar 1-800-248-7767 (STAR)/ Tarrant 1-800-306-8612 (STAR)/STAR Kids 1-844-787-5437/Bexar CHIP 1-866-818-0959/Tarrant CHIP-1-800-245-5380. You will be requested to provide the required information: Full name, Title (position), Email address, TIN and Group NPI#. Once set up, you will be provided a Provider ID and will be sent an email containing User Name and account activation link. Upon activating your account, you will be prompted to set a password.

If you need technical support, please call Provider Relations at the numbers listed above.

# Aetna Better Health of Texas Medicaid Portal – Website Links

Select “Provider Log In”



The screenshot shows the Aetna Better Health of Texas website. At the top left is the Aetna logo and the text "Aetna Better Health® of Texas". To the right is a blue button labeled "Find a Provider / Pharmacy". Below this are language options for "English" and "Español", each with a font size selector (A A). A navigation menu includes "Member Log In", "Provider Log In", "About Us", "Contact Us", and "Fraud & Abuse". A search bar is located below the navigation menu. A horizontal menu contains "Home", "Become A Member", "For Members", "For Providers", "Health & Wellness", "Community Outreach", and "About Us". A red banner with a white icon says "\*\*Talk to Someone Now\*\*". Below this is a "Reach out" section with the text: "Don't let drug abuse define you. You can reach us by calling the Member Services number on the back of your insurance card." The background of this section is a photo of two young women smiling in a field. At the bottom is a blue banner with the text "Welcome to Aetna Better Health of Texas".

# Aetna Better Health Medicaid Portal – Website Links

The screenshot displays the Aetna Better Health website interface. At the top left is the Aetna logo and the text 'Aetna Better Health® of Texas'. On the right, there is a search bar with the text 'Find a Provider / Pharmacy' and a search icon. Below the search bar are language options for 'English' and 'Español', and font size controls. A navigation menu includes links for 'Member Log In', 'Provider Log In', 'About Us', 'Contact Us', and 'Fraud & Abuse'. A secondary navigation bar contains links for 'Home', 'Become A Member', 'For Members', 'For Providers', 'Health & Wellness', 'Community Outreach', and 'About Us'. On the left side, a vertical menu lists 'Home', 'Log In', 'Contact Us', 'Find A Provider', 'Fraud Reporting', 'Privacy', and 'News'. The main content area features a 'Log In' section with a description of the portal's 24-hour availability and a list of services: 'Claim status inquiry', 'Claims appeals', 'Eligibility status inquiry', and 'Prior authorization requests'. A yellow box highlights the link 'Log in to the web portal' at the bottom of the 'Log In' section, with a purple arrow pointing to it from the text 'Select “Log in to the web portal”'.

**Find a Provider / Pharmacy**

**aetna™**

Aetna Better Health® of Texas

English | Español **A** **A**

**Member Log In** | **Provider Log In** | About Us | Contact Us | Fraud & Abuse

Search

**Home** | Become A Member | For Members | For Providers | Health & Wellness | Community Outreach | About Us

**Home**

• **Log In**

**Contact Us**

**Find A Provider**

**Fraud Reporting**

**Privacy**

**News**

## Log In

Aetna Better Health is dedicated to providing great service to our providers and our members. That's why our HIPAA-compliant web portal is available 24 hours a day. The portal supports the functions and access to information related to:

- Claim status inquiry
- Claims appeals
- Eligibility status inquiry
- Prior authorization requests

**Log in to the web portal**

Select “Log in to the web portal”

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# Provider Portal Home Page



## Aetna Better Health® of Texas

### News feed

Aetna Better Health of Texas Plan Claim Alert for August 5 2019

Aetna Better Health of Texas Plan identified an issue with the taxonomy rejection responses that were sent to the clearing house. Rejections were incomplete, it showed a denial message but did not confirm REJECTION. Upon identification of this issue, all rejections were resent on August 4 2019 and providers should have the correct response along with an explanation detailing the rejection reason. Please resubmit the claim with taxonomy issues corrected and regular processing will resume.

### Messages

- You have [0 Message\(s\)](#) in your Inbox.
- You have [0 Document\(s\)](#) in your Posts.

### Contact Us

Questions? We're here to help. Just call Member/Provider Services at 1-800-306-8612 (Tarrant), 1-800-248-7767 (Bexar), 1-844-787-5437 (TX STAR Kids) or hearing impaired (TTY/TDD): 711. For Medicare Dual Core (HMO SNP), please call Member/Provider Services at 800-371-8614.

You can [contact us](#).

### About your secure benefits center

Welcome to the Aetna Better Health of Texas secure web portal. The purpose of this website is to provide you with immediate access to your health plan information.

### Resources

[Provider Documents](#)

[Join our network](#)

[Medicaid provider directories](#)

[CHIP provider directories](#)

[Medicaid Manual](#)

[Medicaid Behavioral health](#)

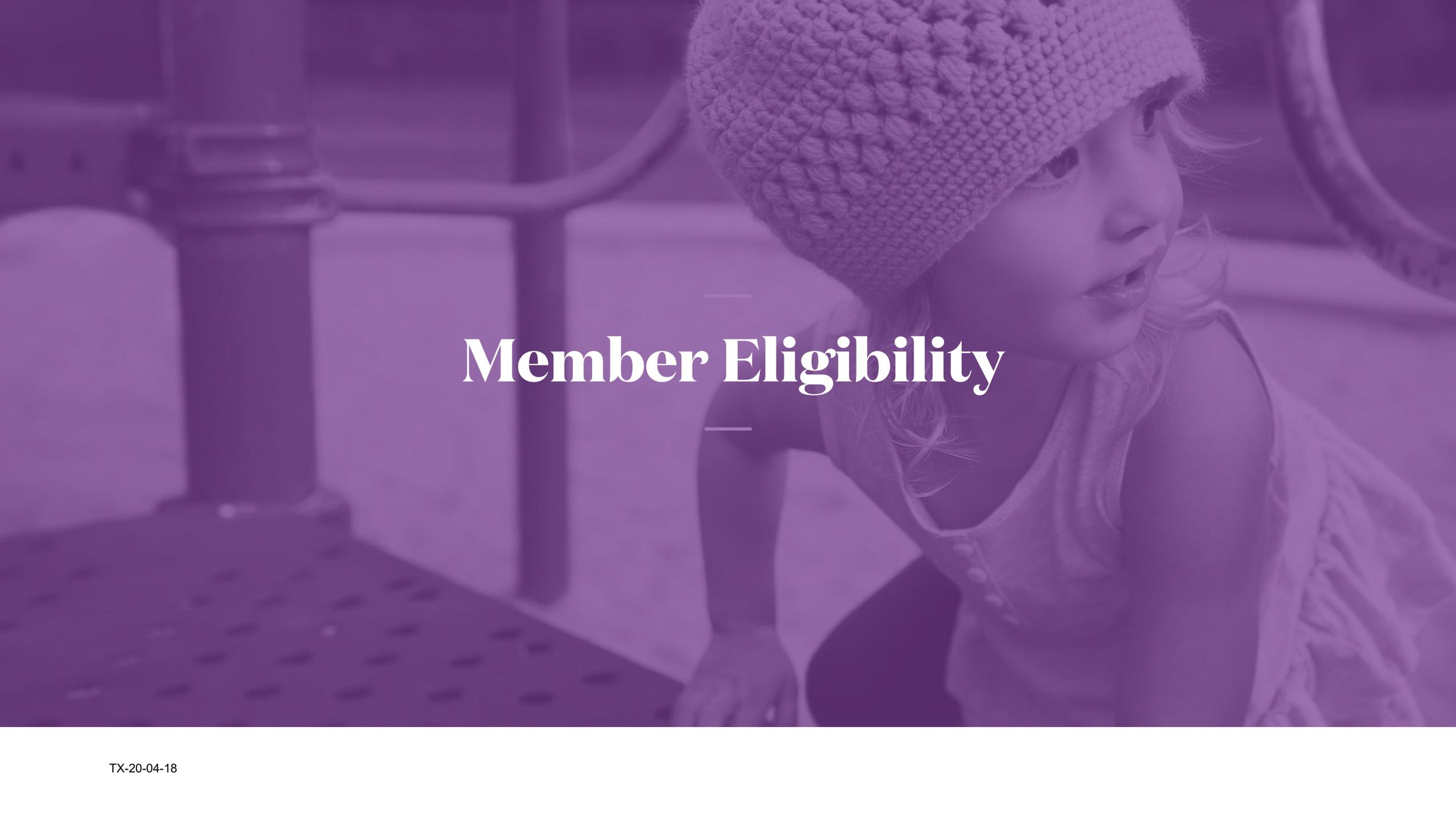
[Medicaid Pharmacy](#)

[Medicaid Vision](#)

[Medicaid Information](#)



Download the latest version of Adobe Acrobat Reader [contact us](#).



# Member Eligibility

# Tasks on the Provider Portal Home Page

Home | My Account | **Tasks** |

## Aetna™

### Aetna Better Health® of Texas

#### News feed

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- [Medicaid Manual](#)
- [Medicaid Behavioral health](#)
- [Medicaid Pharmacy](#)
- [Medicaid Vision](#)
- [Medicaid Information](#)

 Download the latest version of Adobe Acrobat Reader [contact us](#).

# Member Search

Hello Unthsc, Test (Provider - Admin) Home | Help | FAQ | Sign Out

Home | My Account | Tasks | Administration

Home ▶ Tasks ▶ Member Eligibility

**About Member Eligibility Search**

This page allows you to search for a member. You may search Last Name and Date of Birth or by Member ID. If searching by Member ID you may search for up to (5) members at a time.

**Search Members**

*Note: Date of Birth and Member Name are mandatory fields. Search by Last Name, First Name for best results.*

*Note: Maximum of five member id can be added*

**Search by Date of Birth and Member Name**

Date of Birth   \*

Member Name  \*

**Search by Member ID**

Member ID  × [Add Another](#)

**Search Results**

**Search Tips**

**Tasks**

- Authorization Search
- Claims Search
- Search Remittances
- Search Members**
- Search Panel Roster
- Search Providers

**Health Tools**

- PA Requirement Search Tool
- Submit Authorizations

Testing Page

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# Eligibility Search Results

Home ▶ Tasks ▶ Member Eligibility ▶ Member Eligibility Results

## About Member Eligibility Search

This page lists members matching your input criteria. Select the Member ID to display the details of the member. You can Print or Download the claim list using the icon links on the page.

## Search Members

### Search Results(1)

Active Members (1)				InActive Members (0)		
Member ID	DOB	Member Name	Eligibility Effective Dates	Benefits	Provider Name	Provider Effective Date
392760385	10/29/2010	WISH3, MARIO1	01/31/2016 - 12/31/2078	HMOM1 TMBC - Texas Medicaid (Aetna)	CURRIER, DARYL C	02/01/2012

Showing 1 - 1 of 1 results

1



### Tasks

Authorization Search

Claims Search

Search Remittances

Search Members ▶

Search Panel Roster

Search Providers

### Health Tools

Testing Page

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# Eligibility Search Results cont'd



Home ▶ Tasks ▶ Member Eligibility ▶ Member Eligibility Results ▶ Member Benefits

## About Member Eligibility Search

This page display details specific to an individual member including: eligibility, HEDIS information, the member's PCP and other coverage. HEDIS data will be displayed if there is current HEDIS information for the member and PCP information will be displayed only if the member has a designated PCP.

## Member Benefits

### Overview

Member ID	392760385	Name	WISH3, MARIO1
Birth date	10/29/2010	Gender	F
Age	9	Address	79576 EAST 85TH AVEN ,LA VERNIA ,TX,78121
Work Phone		Home Phone	789-161-9486

[View Member ID Card](#)

### Eligibility Information

Benefit	Member ID	Plan ID	Effective Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)	COB	QMB
HMOM1 TMBC - Texas Medicaid (Aetna)	392760385	QMXBP0788	01/31/2016	12/31/2078		N
HMOM1 TMBC - Texas Medicaid (Aetna)	392760385	QMXBP0788	01/01/2012	01/31/2012		N
HMOM1 TMBC - Texas Medicaid (Aetna)	392760385	QMXBP0788	03/01/2011	12/31/2011		N

### HEDIS Information

Intervention Code	Intervention Measure	Intervention Steps
No Data Found		

### Primary Care Physician (PCP) Details

PCP Name	Provider Type	Coverage Type	Network	Effective Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
CURRIER, DARYL C	PCP	Medical	HMOM1 TMBC -	02/01/2012	12/31/2078

## Tasks

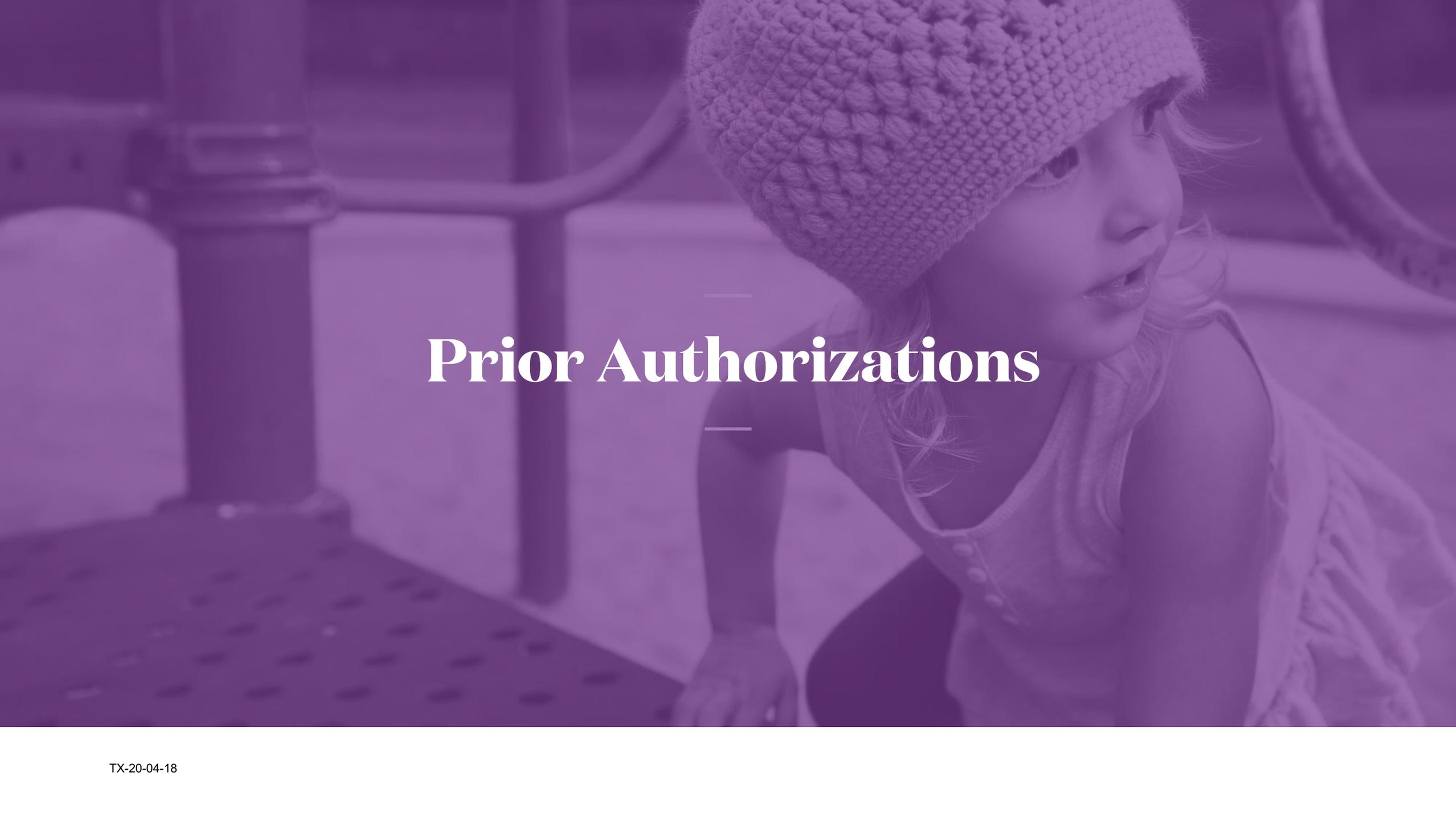
- Authorization Search
- Claims Search
- Search Remittances
- Search Members
- Search Panel Roster
- Search Providers

## Health Tools

- PA Requirement Search Tool
- Submit Authorizations
- Case Management/Service Coordination
- Provider Deliverable Manager(with Provider Report Management Tool)
- Register for EFT
- Register for ERA
- Business Intelligence Reports
- Submission of electronic claims

Testing Page

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# Prior Authorizations

# Submission of Prior Authorization

The screenshot displays the Aetna provider portal interface. At the top, a navigation bar includes the user greeting "Hello Unthsc,Test (Provider - Admin)" and links for "Home | Help | FAQ | Sign Out". Below this, a secondary navigation bar shows "Home | My Account | Tasks | Administration".

The main content area is titled "Home > My Account > Contact Us". It features an "About Contact Us" section with instructions: "Use the form below to contact us. Click on the arrow for Category to select the topic that matches your request. Complete the form and click Send." Below this is the "Contact Us" form, which includes:

- From:** A text field containing "Unthsc,Test".
- Category:** A dropdown menu with a yellow highlight. The selected option is "General", and the list of options includes: "Change Provider demographics", "Claim Appeal / Claim Issue", "Prior Authorization / Authorization Issue", "Member Eligibility issue", "Modify Portal Role", and "Hedis Record Submission".
- Subject:** An empty text field.
- Message:** A large empty text area for the message content.
- Attachment:** A "Browse..." button next to an empty attachment field.
- Buttons:** "Send" and "Cancel" buttons at the bottom of the form, both highlighted with red boxes.

On the left side, there is a sidebar menu with the Aetna logo and the tagline "Aetna Better Health® of Texas". The menu items include "User Details", "Provider Details", "Change Password", "Change Secret Question", "Contact Us" (which is highlighted with a blue bar and a right-pointing arrow), "Messaging" (with a sub-menu containing "Inbox", "Sent Messages", "Deleted Messages", "Attachments", "E-Referral", and "Provider Documents"), "Health Tools" (with sub-items "Case Management/Service Coordination", "Provider Report Management Tool", "Provider Deliverable Manager (with Provider Report Management Tool)", and "Register for EFT").

# Authorization Search Criteria

Home | My Account | Tasks | Administration

Home > Tasks > Authorization Search > Authorization Results

**Tasks**

- Authorization Search
- Claims Search
- Search Remittances
- Search Members
- Search Panel Roster
- Search Providers

**Health Tools**

- PA Requirement Search Tool
- Submit Authorizations
- Case Management/Service Coordination

**About Authorization Search**

This page lists authorization records matching your input criteria. Select the Authorization ID to display the details of the authorization. You can Print or Download the authorizations list using the icon links on the page.

**Search Authorizations**

Note: Please select a Provider Name

**Member/Provider Information**

Member Last Name:

Provider Name:

**Authorization Information**

Authorization ID:

Authorization Status:

**Authorization Date Range**

Date From (mm/dd/yyyy):

Date To (mm/dd/yyyy):

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# Authorization Search Results



- Tasks**
- Authorization Search ▶
- Claims Search
- Search Remittances
- Search Members
- Search Panel Roster
- Search Providers
- Health Tools**
- PA Requirement Search Tool
- Submit Authorizations
- Case Management/Service Coordination
- Provider Deliverable Manager(with Provider Report Management Tool)
- Register for EFT

Home ▶ Tasks ▶ Authorization Search ▶ Authorization Results

About Authorization Search ▼

Search Authorizations ▼

Search Results (20) ▼

Authorization ID	Authorization Header Status	Authorization Type	Member Name	Requesting Provider Name	Servicing Provider Name	Effective Date
AC1396843197	APPROVED	Outpatient	BERST, KHADAR C	ELEOS COMMUNITY CARE	ELEOS COMMUNITY CARE	11/01/2016
AC1822300889	APPROVED	Outpatient	BERST, KHADAR C	ELEOS COMMUNITY CARE	ELEOS COMMUNITY CARE	11/01/2016
AC2007135847	APPROVED	Outpatient	BERST, KHADAR C	ELEOS COMMUNITY CARE	ELEOS COMMUNITY CARE	11/01/2016
AC847098661	APPROVED	Outpatient	BERST, KHADAR C	ELEOS COMMUNITY CARE	ELEOS COMMUNITY CARE	11/01/2016
AC521011886	APPROVED	Outpatient	COWANS, KYLE C	ELEOS COMMUNITY CARE	ELEOS COMMUNITY CARE	11/01/2016
AC227122772	APPROVED	Outpatient	COWANS, KYLE C	ELEOS COMMUNITY CARE	ELEOS COMMUNITY CARE	11/01/2016
AC316600716	APPROVED	Outpatient	COWANS, KYLE C	ELEOS COMMUNITY CARE	ELEOS COMMUNITY CARE	11/01/2016
AC1707161280	APPROVED	Outpatient	COWANS, KYLE C	ELEOS COMMUNITY CARE	ELEOS COMMUNITY CARE	11/01/2016
AC1227305315	APPROVED	Outpatient	HASSAN, NOEL C	ELEOS	ELEOS	11/01/2016

Testing Page

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# Authorization Search Results



Home ▶ Tasks ▶ Search Authorizations ▶ Authorization Results ▶ Authorization Details

## About Authorization Details

This page displays details of a single authorization.

### Tasks

- Authorization Search ▶
- Claims Search
- Search Remittances
- Search Members
- Search Panel Roster
- Search Providers

### Health Tools

- PA Requirement Search Tool
- Submit Authorizations
- Case Management/Service Coordination
- Provider Deliverable Manager(with Provider Report Management Tool)
- Register for EFT
- Register for ERA
- Business Intelligence Reports
- Submission of electronic claims

## Authorization Details

### Authorization Information

Authorization ID	AC1396843197	Authorization Submission Date	11/01/2016
Authorization Status	APPROVED	Submitted By	0
Authorization Type	Outpatient	Date of Decision	New Feature Coming Soon

### Member Information

Member Name	BERST, KHADAR C	Member ID	864497522
Date of Birth (MM/DD/YYYY)	12/24/2008	Member Policy Benefit	Texas STAR Kids - Tarrant County
Gender	M	Eligibility Effective Date	11/01/2016
		Eligibility Termination Date	12/31/2078

### Requesting Provider

Name	ELEOS COMMUNITY CARE
Provider NPI	1386830081
Provider ID	QMX000000045370

### Servicing Provider

Name	ELEOS COMMUNITY CARE
Provider NPI	1386830081
Provider ID	QMX000000045370

### Medical Indications

Diagnosis Code	Diagnosis Description
No Data Found	

### Service Line Information

Service Line No.	Service Group	Start Date	End Date	Admit Date	Status	CPT Code	CPT Description	Rev Code	Units	Unit Type (New Feature coming soon)
1		11/01/2016	02/28/2017	11/01/2016	APPROVED	92507	SPEECH/HEARING THERAPY		440	

Testing Page

# Upcoming Enhancements to Provider Portal in CY 2019

- More streamlined prior authorization workflow with
  - ✓ Instantaneous receipt number
  - ✓ Complete workflow for PA Submission including MCG criteria selection
  - ✓ Ability to save authorization in draft and come back later to complete the request

User: ksprov62 Logout

Auth Queue Auth Request

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mCG

Authorization Request - Request Review

### Authorization Request Review

Auto-Authorization : EPS00000125 Request Type : IP-Hospice Request Status : NoDecisionYet

Patient : UAT04130101-DVZ0000956588	Name : UATLAST04130101, UATFIRS...	Date of Birth : 1/1/1962
Auto-Authorization : EPS00000125		
Requesting Provider : QAP000000039262	Name : eunyoung, warden	
Attending Provider : DVP000000005599	Name : KS, SCR 592302 reg 1	
Place of Service : DVP000000005684	Name : SCR 593552 REG 04	Date of Service : 10/25/2019
Diagnosis Code : A17.83 Primary	Code Type : ICD-10 Diagnosis	

Attach File

Name	Description	Date
No files associated with this episode		

Attach any documentation supporting the request

Document Clinical guidelines per industry standards such as MCG etc.

Document Clinical

CareWebQI Version: 11.2 Content Version: 23.0  
MCG Health  
Copyright © 2019 MCG Health, LLC  
All Rights Reserved.  
CPT Copyright © 2018 American Medical Association. All rights reserved.

Requesting provider full name in lieu of electronic signature: [Text Field]

Submit Cancel Request Back

Dedicated text field where requesting provider enters full name equivalent to electronic signature

# Upcoming Enhancements to Provider Portal in CY 2019

- **Prior Authorization Look up tool by CPT Code(s).**
  - ✓ Check up to 6 codes together for a given line of business.
  - ✓ See contact information for delegated subcontractor(s) as applicable .

The screenshot shows a web interface for a Prior Authorization Look up tool. It features two main input methods: "Enter CPT or HCPCS Code(s)" and "OR Select CPT Group:". The "Enter CPT or HCPCS Code(s)" section contains a 2x3 grid of input boxes. The "OR Select CPT Group:" section includes a dropdown menu and a checkbox labeled "Include only CPT or HCPCS codes where PA is required?". A note below the dropdown explains that when selecting by CPT group, results include codes where PA requirements are both Yes and No, and that checking the "Include only..." box will filter results to only those requiring PA. At the bottom, there are three buttons: "Search", "Clear", and "Export".

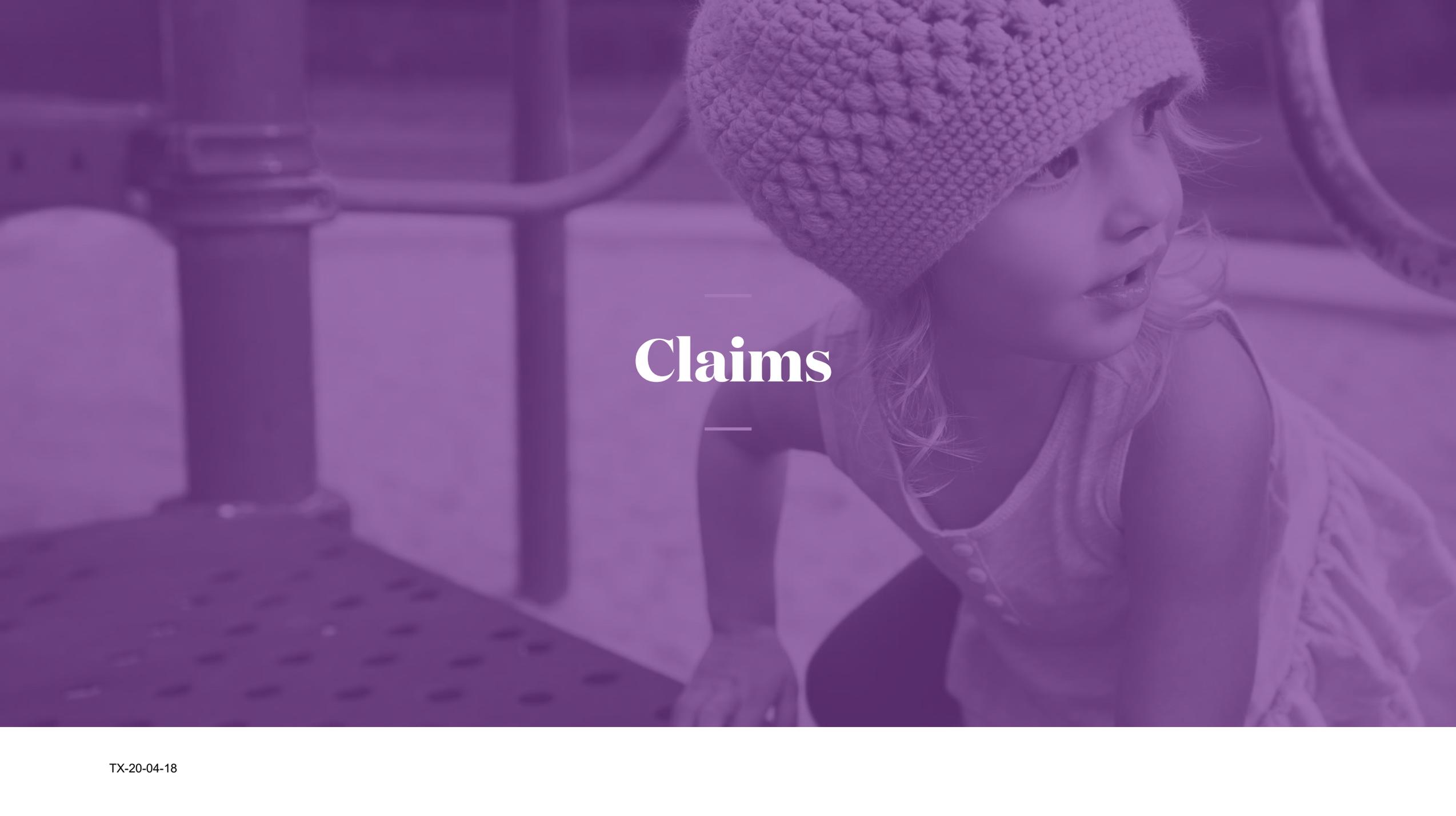
Enter CPT or HCPCS Code(s)

OR Select CPT Group:

Include only CPT or HCPCS codes where PA is required?

NOTE: When selecting by CPT group, the results displayed include CPT codes where PA requirements are both Yes and No, as specified on the PA List. To reduce the list of CPT or HCPCS codes to only those requiring PA, please check the box labelled "Include only CPT or HCPCS codes where PA is required?".

Search Clear Export



# Claims

# How to check status of claims submitted

The screenshot displays the Aetna provider portal interface. At the top, a navigation bar includes 'Hello Unthsc,Test (Provider - Admin)' and links for 'Home | Help | FAQ | Sign Out'. Below this, a secondary navigation bar features 'Home | My Account | **Tasks** | Administration', with 'Tasks' highlighted by a red circle. The main content area is titled 'Home > Tasks > Claims Search'. It contains an 'About Claims Search' section with the text: 'You can view your claims to see which services your provider(s) has billed and if they've been paid.' Below this is the 'Search Claims' section, which includes a note: 'Note: Please select a Provider Name'. The search form is divided into two columns: 'Member/Provider Information' and 'Claim Information'. The 'Member/Provider Information' column contains fields for 'Member Last Name', 'Member ID', 'Provider Name \*' (set to 'CHILDS PLAY THERAPEUTIC'), and 'Affiliate Provider Name \*' (set to 'CHILDS PLAY THERAPEUTIC'). The 'Claim Information' column contains fields for 'Claim ID', 'Claim Type', 'Claim Status', 'Check Number', and 'Service Date Range' (with 'Date From' set to '01/01/2000' and 'Date To' set to '11/13/2019'). At the bottom right of the search form are 'Search' and 'Cancel' buttons. On the left side of the page, there is a sidebar with 'Tasks' and 'Health Tools' sections. The 'Tasks' section includes 'Authorization Search', 'Claims Search' (highlighted with a blue bar and a right-pointing arrow), 'Search Remittances', 'Search Members', 'Search Panel Roster', and 'Search Providers'. The 'Health Tools' section includes 'PA Requirement Search Tool', 'Submit Authorizations', 'Case Management/Service Coordination', 'Provider Deliverable Manager(with Provider Report Management Tool)', 'Register for EFT', 'Register for ERA', 'Business Intelligence Reports', and 'Submission of electronic claims'. At the bottom of the page, there is a yellow box with the text 'Testing Page' in red, and a date 'TX-20-04-18'.

Testing Page

TX-20-04-18

# How to check status of claims results

Hello Unthsc,Test (Provider - Admin) Home | Help | FAQ | Sign Out

Home | My Account | **Tasks** | Administration



Home ▶ Tasks ▶ Claims Search ▶ Claims Search Results

**About Claims Search**

To submit a Claim Reconsideration, click on the Claims Deliverables link attached to the targeted claim record in the list. This will allow access to the form to request a reconsideration and attach any additional documentation to support the request. All requests will be routed to the claims team for review.

**Search Claims**

**Search Results (20)**

Claim ID	Check No	Claim Type	Member Name	Paid Date	Provider Name	Claim Status	Total Billed Amount	Total Paid	Claim Deliverable
12110E00154		Professional	BARBIER, TRAVIS		CHILDS PLAY THERAPEUTIC HOME CARE	PENDL	\$280.00	\$0.00	Claim Deliverable
12110E00157		Professional	SUTIC, GRAUDEN		CHILDS PLAY THERAPEUTIC HOME CARE	PENDL	\$140.00	\$0.00	Claim Deliverable
12110E00159		Professional	DEBUS, ANAHI X		CHILDS PLAY THERAPEUTIC HOME CARE	PENDL	\$140.00	\$0.00	Claim Deliverable
12199E01003		Professional	POPIK, LASHAW N R		CHILDS PLAY THERAPEUTIC HOME CARE	PENDL	\$420.00	\$0.00	Claim Deliverable
12199E01011		Professional	GUILFOYLE, JULISSA	09/10/2012	CHILDS PLAY THERAPEUTIC HOME CARE	DENIEDL	\$280.00	\$0.00	Claim Deliverable
12199E01019		Professional	KIERNAN		CHILDS	PENDL	\$140.00	\$0.00	Claim

**Tasks**

- Authorization Search
- Claims Search**
- Search Remittances
- Search Members
- Search Panel Roster
- Search Providers

**Health Tools**

- PA Requirement Search Tool
- Submit Authorizations
- Case Management/Service Coordination
- Provider Deliverable Manager(with Provider Report Management Tool)
- Register for EFT
- Register for ERA
- Business Intelligence Reports
- Submission of electronic claims

# View claims results



Home ▶ Tasks ▶ Claims Search ▶ Claims Search Results ▶ Claim Details

## About Claim Details

This page displays details of a single claim.

- Tasks**
- Authorization Search
- Claims Search ▶**
- Search Remittances
- Search Members
- Search Panel Roster
- Search Providers
- Health Tools**
- PA Requirement Search Tool
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- Register for EFT
- Register for ERA
- Business Intelligence Reports
- Submission of electronic claims

## Claim Details

### Patient Information

Member Name	BARBIER, TRAVIS
Member ID	397727440
Date of Birth	06/28/2008

[View Member Details](#)

### Servicing Provider

Provider Name	CHILDS PLAY THERAPEUTIC H OMECARE
---------------	-----------------------------------

### Claim Information

Claim ID	12110E00154	Claim Status	PENDL
Claim Type	Professional	Total Billed Amount	\$280.00
Service Date From	02/24/2012	Total Payment	\$0.00
Service Date To	02/27/2012	Adjudication Date	

### Check History Information

Check Number	Check Name	Print Date	Void Date
No Data Found			

### Service Line Information

Line No	Service Date	CPT/HCPCS	Modifier	Revenue	Units	Claim Status	Total Billed Amount	Payment
1	02/24/2012 - 02/24/2012	92507			1	PEND	\$140.00	\$0.00
2	02/27/2012 - 02/27/2012	92507			1	PEND	\$140.00	\$0.00

### View Remittance

[Done](#)

[Go Back to Claims Search Results](#)



# How to Print Explanation of Benefits

Hello Unthsc,Test (Provider - Admin) Home | Help | FAQ | Sign Out

Home | My Account | **Tasks** | Administration



Aetna Better Health<sup>®</sup> of Texas

[Home](#) > [Tasks](#) > Remittance Advice Search

### About Remittance Advice Search

This page allows you to obtain and display remittance advice detail based upon a paid claim. This page allows you to search for (and generate) a list of paid claims.

### Remittance Advice Search

*Note: Please choose any one provider name from Servicing Provider Name*

<p><b>Member/Provider Information</b></p> <p>Member ID <input type="text" value="Member ID"/></p> <p>Servicing Provider Name * <input type="text" value="EPIC MEDICAL SOLUTIONS   ▼"/></p> <p>Affiliate Provider Name * <input type="text" value="EPIC MEDICAL SOLUTIONS   ▼"/></p>	<p><b>Remittance/Claim Information</b></p> <p>Claim ID <input type="text" value="Claim ID"/></p> <p>Check Number <input type="text" value="Check Number"/></p> <p>Select Date Range <input checked="" type="radio"/> DOS Date Range <input type="radio"/> Claim Paid Date Range</p> <p>Date From (mm/dd/yyyy) <input type="text" value="01/01/2000"/> </p> <p>Date To (mm/dd/yyyy) <input type="text" value="11/13/2019"/> </p>
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### Search Results

**Search Tips**

Testing Page

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# How to Print Explanation of Benefits cont'd

Hello Unthsc,Test (Provider - Admin) Home | Help | FAQ | Sign Out

Home | My Account | **Tasks** | Administration



**Tasks**

- Authorization Search
- Claims Search
- Search Remittances**
- Search Members
- Search Panel Roster
- Search Providers

**Health Tools**

- PA Requirement Search Tool
- Submit Authorizations
- Case Management/Service Coordination
- Provider Deliverable Manager(with Provider Report Management Tool)
- Register for EFT
- Register for ERA
- Business Intelligence Reports
- Submission of electronic claims

Home > Tasks > Remittance Advice Search > Remittance Advice Search Results

**About Remittance Advice Search**

This page lists claim records matching your input criteria. Select the Claim ID to display the details of the Remittance Advice. You can Print or Download the claim list using the icon links on the page.

**Remittance Advice Search**

**Search Results(11)**

Claim ID	Member Name	Check Number	Claim Status	Paid Date	Total Paid
16222C010606	SECONDO, ERYN		DENIED	12/22/2018	\$0.00
T80000176600	GARZAGALINDO, JACINDA C		PAID	01/27/2018	\$473.20
T80000176622	CHENNAULT, SILVIA C		PAID	04/11/2018	\$475.69
T80000176625	HOSSLER, LUIS C		DENIED	04/25/2018	\$0.00
T80000176626	DANIEL, VICTOR C		DENIED	05/12/2018	\$0.00
T80000176627	ADKINS, GIOVANNI C		DENIED	05/12/2018	\$0.00
T80000212710	COWART, KORY C		PAID	11/01/2018	\$567.83
T80000213966	CUNNINGHAM III, CHRISTOPHE C		PAID	11/01/2018	\$567.83
T80000213971	MICHNAL, LAMARR C		PAID	11/01/2018	\$567.83
T80000224863	MARIN-CASTRO, CESAR C		PAID	01/07/2017	\$567.83
T80000211952	STEPHENSON, SAGEDAKOTA C		DENIED	07/04/2018	\$0.00

Showing 1 - 11 of 11 results 1  

**Search Tips**

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Proprietary

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# We're Here to Help—Contact Us

The screenshot shows a web browser window with the URL <https://www.aetnabetterhealth.com/texas/providers/>. The page features a sidebar with 'QUICK LINKS' and 'HHSC Notices', and a main content area with contact information and a feedback form.

**QUICK LINKS**

- [Provider portal](#)
- [Provider manual](#)
- [Become a provider](#)
- [Electronic Visit Verification \(EVV\)](#)
- [Outages and Downtime](#)

**HHSC Notices**

- [Texas Health Steps Clinical Record Review Tool](#)
- [Texas Health Steps Clinical Record Review Tool](#)
- [Texas Health Steps Regional Contacts](#)
- [Document Improvement Provider Letter](#)

**Adoption Assistance And Permanency Care Assistance Program (AAPCA)**

Learn more about [AAPCA](#) today

**Provider Relations Contact Information:**

**Email:** [TXProviderEnrollment@aetna.com](mailto:TXProviderEnrollment@aetna.com)

**Provider Relations Contact Assignments**

**Medicaid STAR:**  
Bexar: 1-800-248-7767  
Tarrant: 1-800-306-8612

**CHIP:**  
Bexar: 1-866-818-0959  
Tarrant: 1-800-245-5380

**Medicaid STAR Kids:**  
Tarrant: 1-844-787-5437

**We value your feedback.**

If you are interested in joining our quarterly Provider Advisory Committee meetings, please complete the form below. We look forward to hearing from you.

**\* Required Fields**

\* First Name  \* Last Name  \* Email Address

\* Company Name  \* Home Phone

\* Member ID  \* Cell Phone

\* Physical Address  \* Please tell us a little about yourself.

\* City

\* State  \* Zip Code

Select One  \* What will your background or interest offer to the Committee.

**Clear Form** **Submit**

Thank You

