



Aetna Better Health® of Virginia

Understanding Reversal Payments

Medicaid is a payer of last resort as mandated federal law ([U.S.C. U.S.C. 1396a \(a\) \(25\) 1396a \(a\) \(25\)](#) and [42 C.F.R. § § 433.135 – 433.139](#)). Aetna Better Health of Virginia uses a vendor to identify third-party liability payers that may exist for our members. Claim recovery occurs by the vendor on behalf of the MCO when a third-party liability payer is identified as fiduciarily responsible for services provided. Payment of the recovery is the sole liability of the identified third party. Once payment is received from the third party, the provider’s remittance statement will be reissued to reflect the update. As noted in the examples provided, the providers will not be impacted. The noted refund, reversal, and adjustment results in a final general ledger update of net zero. Providers may be requested to provide documentation to support the claim process and results of any payments received will be noted on a future remit statement.

When a claim is made by the third-party payer then the initial payment to providers will not be impacted. There will be net zero reference. In other words, a positive and negative amount that will equal zero dollars for a claim previously paid by Aetna Better Health of Virginia for the identified service provided to the member.

Example:

Refund Amount on the Reversed Claim	+ 11.90
+ Net Amount Total on the Reversed Claim	+ -546.00
+ Net Amount Total on the Adjusted Paid Claim	+ 534.10
Should total \$0.00	\$0.00

Patient: [REDACTED]		Patient Acct #: [REDACTED]		Claim Status: REVERSED												
Member ID: [REDACTED]		Authorization ID: [REDACTED]		Claim#: 20204 [REDACTED]												
Date of Birth: [REDACTED]		Provider: [REDACTED]		Refund Amount: 11.90												
Final DRG: [REDACTED]		Severity of Illness: [REDACTED]		Received Date: 20200722												
Place of Service: 12																
L _i n _e	Dates of Service (From - Thru)	Serv Code	Mod Code	Rev Code	FFS/ CAP	Unit	Billed Amount	Disallowed	Allowable Amount	Patient Responsibility			COB Paid	Processed Amount	Discount/ Penalty	Net Amount
1	07/07/20-07/09/20	H0046			FFS	-2	-182.00	0.00	-182.00	0.00	0.00	0.00	0.00	-182.00	0.00	-182.00
2	07/08/20-07/09/20	H0046			FFS	-2	-182.00	0.00	-182.00	0.00	0.00	0.00	0.00	-182.00	0.00	-182.00
3	07/09/20-07/09/20	H0046			FFS	-2	-182.00	0.00	-182.00	0.00	0.00	0.00	0.00	-182.00	0.00	-182.00
Claim Totals							-546.00	0.00	-546.00	0.00	0.00	0.00	0.00	-546.00	0.00	-546.00

Code/Description

Reversal of Claim # 20204E [REDACTED]

Patient: [REDACTED]		Patient Acct #: [REDACTED]		Claim Status: PAID												
Member ID: [REDACTED]		Authorization ID: [REDACTED]		Claim#: 20204 [REDACTED]												
Date of Birth: [REDACTED]		Provider: [REDACTED]		Refund Amount: 0.00												
Final DRG: [REDACTED]		Severity of Illness: [REDACTED]		Received Date: 20220906												
Place of Service: 12																
L _i n _e	Dates of Service (From - Thru)	Serv Code	Mod Code	Rev Code	FFS/ CAP	Unit	Billed Amount	Disallowed	Allowable Amount	Patient Responsibility			COB Paid	Processed Amount	Discount/ Penalty	Net Amount
1	07/07/20-07/09/20	H0046			FFS	2	182.00	0.00	182.00	0.00	0.00	0.00	3.96	178.03	0.00	178.03
2	07/08/20-07/09/20	H0046			FFS	2	182.00	0.00	182.00	0.00	0.00	0.00	3.97	178.04	0.00	178.04
3	07/09/20-07/09/20	H0046			FFS	2	182.00	0.00	182.00	0.00	0.00	0.00	3.97	178.03	0.00	178.03
Claim Totals							546.00	0.00	546.00	0.00	0.00	0.00	11.90	534.10	0.00	534.10

High-Level Process

Aetna Better Health sends claim information to the vendor. This is a third-party subcontractor that identifies other insurance. When their primary insurance is identified, then that insurance makes a payment to the health plan. Once the payment from the primary insurance has been received, the claim is reprocessed to reflect the refund; **no money** is recouped from the provider.

Example Remit:

Payment Adjustments			Document Total			
Reference ID	Adjustment Type	Adjustment Amount	Total Amount Paid:		(\$1,576.30)	
[REDACTED]	Authorized Return	\$510.00	Payment Adjustments:		\$2,056.30	
	Authorized Return	\$913.04	Total Payment:		\$480.00	
	Authorized Return	\$633.26				
		TOTAL: \$2,056.30				

Service Date	Proc/Rev Code (Modifiers)	Units	Explanation Code(s)	Total Charge	Allowed Amount	Contractual Adjustment	Other Coverage	Other Adjustment	Patient Obligation				Net Payment Amount
									Co-Ins	Co-Pay	Deductible	Non-Cov	
Claim Number: [REDACTED] Group ID: [REDACTED] Check Number: [REDACTED] Provider: [REDACTED] Patient Name: [REDACTED] Subscriber Name: [REDACTED] Line of business: Virginia Cardinal Care Medallion 4.0 Patient Acct #: [REDACTED] Subscriber ID: [REDACTED]													
01/15/24-01/20	97153	18	OA23	\$2,025.00	\$270.00	\$0.00	\$2,025.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/20/24	97153	16	OA23	\$1,800.00	\$240.00	\$0.00	\$1,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Claim Total:				\$3,825.00	\$510.00	\$0.00	\$3,825.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Claim Number: [REDACTED] Group ID: [REDACTED] Check Number: [REDACTED] Provider: [REDACTED] Patient Name: [REDACTED] Subscriber Name: [REDACTED] Line of business: Virginia Cardinal Care Medallion 4.0 Patient Acct #: [REDACTED] Subscriber ID: [REDACTED] Refund Amount: 510.00 Refund Ref#: Provider Refund													
01/15/24-01/20	97153	-18	CO45	-\$2,025.00	-\$270.00	-\$1,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$270.00
01/20/24	97153	-16	CO45	-\$1,800.00	-\$240.00	-\$1,560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$240.00
Claim Total:				-\$3,825.00	-\$510.00	-\$3,315.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$510.00

Explanations	
Administered by	Description
AetnaBetterHealth	OA23 The impact of prior payor(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)