



# Aetna Better Health® of Virginia

## Provider Notification: Claims 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 has hired a vendor that research's, reviews, and identifies third party liability payers that may exist for our members. If a payer is identified, then recovery services will be conducted through a reclamation billing of the payer by the vendor on behalf of the MCO. 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 recovered from the third-party payer then the initial payment to providers should not be impacted. However, there will be a net zero reference. In other words, a positive and negative amount that should equal zero dollars for a claim previously paid by Aetna Better Health 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 pain claim	+	534.10
Total should be \$0.00		\$0.00

Patient: [REDACTED]		Patient Acct #: [REDACTED]		Claim Status: <b>REVERSED</b>												
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																
Line	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
										Co-Pay	Ded.	Co-Ins				
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
<b>Claim Totals</b>							-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: <b>PAID</b>												
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																
Line	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
										Co-Pay	Ded.	Co-Ins				
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
<b>Claim Totals</b>							546.00	0.00	546.00	0.00	0.00	0.00	11.90	534.10	0.00	534.10