

AETNA BETTER HEALTH® OF PENNSYLVANIA AETNA BETTER HEALTH® KIDS

Enhancement to Secure Web Portals – Adding Attachments

A recent enhancement has been made to Aetna Better Health of Pennsylvania's secure web portal. Effective immediately, you will now be able to submit attachments through the Secure Web Portal. Some key points to keep in mind are:

- **Corrected claims are not to be submitted through this process.** Corrected claims must be submitted as they are currently (electronically or through resubmission process). Examples of corrected claims include but are not limited to:
 - Incorrect units billed on the initial claim.
 - Incorrect code information including HCPCS, CPT and ICD-10 codes billed on the initial claim.
 - Incorrect provider information billed on the initial claim.
- Documents that can be attached are only those listed in the Type of Claims Resubmission drop down field.
- Itemized bills for hospital claims may be attached as an excel file.
- There is a size limit of 3 Mb for any document you may attach. It is recommended to split a file (if greater than 3 Mb) and upload multiple files rather than one large file. We are currently working to resolve and increase the size limitation.
- Once the attachment is submitted, an e-mail is generated to our claims department for claims adjustment. If there are no other issues with the claim, the claim will be processed within 48 – 72 hours from submission.

For your convenience, we are providing step-by-step instructions for you to follow below:

Claim resubmission forms from Secure Web Portal screen

1. First, log into the Aetna Better Health of Pennsylvania Secure **Web Portal**.
2. Click on **Tasks** from the banner on the top

Hello Olin, Kevin (Provider - Admin) Home | Help | FAQ | Sign Out

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

Home > Tasks > Authorization Search

About Authorization Search

You can see which services your provider(s) have asked us permission to perform. And you can see if they've been approved.

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)

Search Results

Tasks

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

Health Tools

- PA Requirement Search Tool
- Provider Report Management Tool
- ProviderIntake
- Provider Deliverable Manager

3. Click on **Claims Search** located in the left pane

Hello Olin, Kevin (Provider - Admin) Home | Help | FAQ | Sign Out

Home | My Account | Tasks | Administration

Home > Tasks > Claims Search

About Claims Search

You can view your claims to see which services your provider(s) has billed and if they've been paid.

Search Claims

Note: Please select a Provider Name

Member/Provider Information

Member Last Name

Member ID

Provider Name*

Claim Information

Claim ID

Claim Type

Claim Status

Check Number

Service Date Range

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Tasks

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

Health Tools

- PA Requirement Search Tool
- Provider Report Management Tool
- ProviderIntake
- Provider Deliverable Manager

4. Select **Provider Name** from the dropdown, Enter **Claim ID**, and click the **search** button.

5. The Search results grid will load.
6. The Provider will see **Claim Deliverable** link under the **Claim Deliverable** column in the Search results grid.
7. Click on the **Claim Deliverable** link

Claim ID	Check No	Claim Type	Member Name	Paid Date	Provider Name	Claim Status	Total Billed Amount	Total Paid	Claim Deliverable
14210E32035		Professiona	QSYSYT33 PQOFJS32		OLIN, KEVIN S	OPENL	\$235.00	\$124.98	Claim Deliverable

8. This will take the Provider to the **Upload Claim Deliverables** screen.
9. Most of the information on the screen will be 'Auto populated' based on the claim number.

10. Provider will select a **Type of Claim Resubmission** from the dropdown and enters the information in the relevant **Mandatory fields Submitter's First Name, Submitter's Last Name, and Submitter's phone number** fields.
11. The **Comments** field is a mandatory input required, **when** the selected **Type of claim Resubmission** is **Other**.

Upload Claim Deliverables
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This form is only for resubmissions, which do not require a Corrected Claim. All Resubmissions require supporting documentation. This form shall not be used to submit Grievances and Appeals

Claim Number	14210E32035	Type of Claim Resubmission	---Select---
Provider Name	OLIN, KEVIN S	Submitter's First Name	
Submitter's Phone Number		Submitter's Last Name	
Provider State	AZ	Provider Street Address	6225 S Camel Rd Ste 111
Remittance Advise Date		Provider ZIP	85283
Amount Billed	235.0000	Provider Contact Number	4807207488
Member ID	932865088	Date of Service (From)	04/01/2014
		Date of Service (To)	04/02/2014
		Amount Paid	124.9800
		Member Name	QSYSYT33, PQOFJS32
		Comments	

Browse...
Submit

12. The Provider can upload supporting documentation (any type of file) from here through clicking the **Browse** button and thus activating the Browse functionality.
13. On successful attachment of the supporting documentation, the Provider clicks **Submit** and receives a **Confirmation message** window. On clicking **Yes**, the provider receives a success message, completing the workflow for submission.

Upload Claim Deliverables

This form is only for resubmissions, which do not require a Corrected Claim. All Resubmissions require supporting documentation. This form shall not be used to submit Grievances and Appeals

Claim Number	14210E32035	Type of Claim Resubmission	---Select---	NPI	1043293632
Provider Name	OLIN, KEVIN S	Submitter's First Name		Submitter's Last Name	
Submitter's Phone Number		Provider Street Address	6225 S Rural Rd Ste 111	Provider City	Tempe
Provider State	AZ	Provider ZIP	85283	Provider Contact Number	4807207488
Remittance Advise Date		Date of Service (From)	04/02/2014	Date of Service (To)	04/02/2014
Amount Billed	235.0000	Amount Paid	124.98	Member Name	QSYSYT33, PQQFJS32
Member ID	932865088	Comments			

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Copy of PDS Single Tab Spreadsheet PDS recommendations 3-15-2017.xlsx

Confirmation

Are you sure you want to Submit this Claim deliverable?

13

Upload Claim Deliverables

This form is only for resubmissions, which do not require a Corrected Claim. All Resubmissions require supporting documentation. This form shall not be used to submit Grievances and Appeals

Claim Deliverable has been submitted successfully !!!

Claim Number	14210E32035	Type of Claim Resubmission	---Select---	NPI	1043293632
Provider Name	OLIN, KEVIN S	Submitter's First Name		Submitter's Last Name	
Submitter's Phone Number		Provider Street Address	6225 S Rural Rd Ste 111	Provider City	Tempe
Provider State	AZ	Provider ZIP	85283	Provider Contact Number	4807207488
Remittance Advise Date		Date of Service (From)	04/02/2014	Date of Service (To)	04/02/2014
Amount Billed	235.0000	Amount Paid	124.9800	Member Name	QSYSYT33, PQQFJS32
Member ID	932865088	Comments			

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14. The Provider can view a previously submitted document (any type of file) from the below screen through clicking the link under the **Claim ID** column of the displayed grid, thus activating the **View Deliverable** functionality.

Submit

Claim ID	Submitter Name	File Name	Submission Date	View Deliverable
15147C000417	Kevin Olin	Submit Reconsideration	3/6/2017 7:26:56 PM	
15147C000417	Kevin Olin	SubmitGrievance-LA(2).pdf	3/6/2017 6:24:16 PM	
15147C000417	Kevin Olin	adverseIncidentReportingInstructionsDefinitions-LA(3).pdf	3/6/2017 6:22:55 PM	
15147C000417	Kevin Olin		3/6/2017 6:21:50 PM	
15147C000417	Kevin Olin	Testing worddoc for Upload(2).docx	3/6/2017 3:51:30 PM	

1 2 3 4 5 6

15. The submitted resubmission form is displayed, from where the user can view the previously submitted information on the form and download the attachment by clicking the **Download File** button or through the **Button** below the **View Deliverable** column of the displayed Grid. (Continued in the next page.)

Resubmission Form
✕

Claim Number(s):	14210E32035
Type of Claim Resubmission:	Medical Records Required
NPI:	1043293632
Provider Name:	OLIN, KEVIN S
Submitter's name:	Tejas, Moola
Submitter's Phone Number:	7654329876
Provider Street Address:	6225 S Rural Rd Ste 111
Provider City:	Tempe
Provider State:	AZ
Provider Zip:	85283
Provider Phone Number:	4807207488
Date of Service (From):	4/2/2014 12:00:00 AM
Date of Service (To):	4/2/2014 12:00:00 AM
Remittance Advise Date:	
Amount Billed:	235.0000
Amount Paid:	124.9800
Member Name:	QSYSYT33, PQOFJS32

Submitter's Phone Number:	6786786789
Provider Street Address:	6225 S Rural Rd Ste 111
Provider City:	Tempe
Provider State:	AZ
Provider Zip:	85283
Provider Phone Number:	4807207488
Date of Service (From):	11/22/2014 12:00:00 AM
Date of Service (To):	11/22/2014 12:00:00 AM
Remittance Advise Date:	
Amount Billed:	235
Amount Paid:	0
Member Name:	FEMALECOBMULTENROLLH / VERONICA
Member ID:	A125448789
Comments:	

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Download File

Close

15. Alternatively click **Close** button to exit

16. The provider submission will be notified to claims operations team via a notification

Note – The Provider has to repeat the process from claim search to upload deliverables for another claim.