



## Provider education bulletin

September 2022 edition, day 1 of 2

# Welcome to our provider education bulletin — fall edition

Dear health care providers and staff,

Supporting you — our trusted providers — and your Aetna® patients on their path to better health is always our top priority. And our quarterly provider education bulletin helps make working with us simpler. We send useful information, tools, tips and resources straight to your inbox. So, you can spend more time focusing on your patients' health.

In our fall 2022 edition, we're featuring updates to our Provider Onboarding Center. We're also highlighting helpful tips for submitting clean secondary claims electronically.

- **Today's edition** — We show you how the new enhancements within our Provider Onboarding Center make tasks such as submitting a request to join our network and updating your demographic data easier.
- **Tomorrow's edition** — We'll highlight helpful tips for submitting your secondary — or coordination of benefits (COB) — claims electronically for faster processing and payment.

### **You asked. We listened.**

Due to an overwhelming number of requests, we're offering another instructor-led **CAHPS and HOS webinar** for Medicare providers and their staff members. It's on September 22, 2022, from 1 PM to 2 PM ET. You'll learn about the Star Ratings program and the benefits of achieving a 5-star rating. You can also ask questions and get answers on the spot. [Register](#) today to reserve your spot.

We hope you'll find this information helpful. As always, we welcome your feedback. Just send us your questions, comments and ideas for future articles to [\*\*NewProviderTraining@Aetna.com\*\*](mailto:NewProviderTraining@Aetna.com).

Thank you for being a part of our network.

## **Topic of the day**

We've enhanced our Provider Onboarding Center

We've made a few updates to our [Provider Onboarding Center](#), which is our centralized web portal for onboarding information and requests. You can request to join the Aetna network, update demographic information for existing participating providers, access provider resources and much more.

Our most recent enhancements include:

### **Telehealth services**

A Telehealth services indicator is now included in the RFP (Request for Participation) application. New providers can add telehealth services information when submitting their RFP application. You'll see your selected telehealth responses on the RFP Summary Page before submitting your application.

Existing providers can update their telehealth status on our secure provider portal on Availity® by going to **Availity > My Providers > Provider Data Management > Manage Business > Service Locations**.

Telehealth status designations include:

- Hybrid — provider offers care at a physical location and virtually
- Virtual care only — provider offers only virtual care

## Update Tax ID form

Participating providers can now request tax ID changes, add a new tax ID or replace an existing tax ID by using our new form on **Aetna.com**. To access the form, just go to the [Existing provider resources](#) tab and select the Update Tax ID tile.

### What you'll need to complete the form

- Your new TIN. If you are updating multiple TINs, you will need to complete a separate form for each one.
- Your National Provider Identification (NPI) number
- A valid and complete W-9 associated with the new TIN (the file size cannot exceed 2 MB)
- A current list of all service locations

Upon submitting the form, you will receive a pop-up confirmation and the request ID number, which you should keep for your records.

**Note:** If the TIN you are adding corresponds with an entity that does not participate with Aetna, please submit a request for participation. You can access the application via the [How to join our network](#) tab in the Provider Onboarding Center.

### Benefits of using the form

- Quicker turnaround time
- Less follow-up required because all information is gathered up front
- Real-time confirmation of your request, including a request ID number for easy identification

**Note:** This is our new *preferred* method of submission for TIN change requests.

### How to provide feedback

The Provider Onboarding Center is regularly updated with new functionality to simplify and streamline the provider experience. To make suggestions about ways to improve the functionality of the site, please use the Feedback button that appears next to the scroll bar in the lower-right portion of your screen on the Provider Onboarding Center's main page.

**Note:** The system will not generate a response, but we review each submission.

## We're here for you

Are you new to Aetna? Or do you simply want to see what's new?

### Learn how to do business with us quicker and simpler

Just attend our **Doing business with Aetna webinar** on the second [Tuesday](#) or third [Wednesday](#) of each month from 1:00 PM to 2:15 PM ET. Ask questions and get answers on the spot.

#### We'll show you how to:

- Locate provider manuals, clinical policy bulletins and payment policies
- Access online transactions such as those related to eligibility, benefits, precertifications, and claim status/disputes
- Register for live instructional webinars
- Access our online forms
- Navigate to our provider referral directory and Medicare directory
- Update your provider data, and much more

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## Provider education bulletin

### September 2022 edition, day 2 of 2

This is day two of our provider education fall series. Today's edition highlights helpful tips for submitting clean secondary— or coordination of benefits (COB)— electronic claims.

We're committed to bringing useful information straight to your inbox. The goal is to help you — our trusted health care providers and staff — stay in the know about processes, guidelines and workflows that make doing business with us a breeze and help you get paid faster.

**Don't miss out. Reserve your spot today.**

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## Topic of the day

Submit clean secondary claims electronically for faster processing and faster payments.

### Tips for submitting secondary claims electronically

You're already sending us your primary claims electronically. Did you know that we can accept your secondary— or coordination of benefits (COB)— claims electronically, too? In fact, we prefer that you send us your secondary claims electronically. When you send us the right information up front, we process your secondary claims faster. And when we process claims faster, you could get your claims payments faster, too.

### What we need (and what we don't)

First, ask your patients whether they have other coverage. They might forget to tell you. Without that information, your claim payments could be denied or delayed. Once you learn about their other coverage, we'll need some information about the patient's primary plan and what they may have already paid you. (We're looking for this information in the 2320 and 2330 loops of the electronic claim transaction. Check with your software vendor to ensure you're entering the information in the correct fields to transmit to us.)

If the patient has no other coverage, we ask that you leave those fields blank. Don't enter non-COB information, such as information on discount programs or life insurance, in those fields. If you enter any incorrect information, we must verify the information ourselves. That takes time and may delay processing your claim.

Here are the fields we're reviewing when the patient has another insurance plan, and we're paying second:

### Demographic information

- The other plan's name
- The other plan's policy number, if applicable
- The other employer's name, if applicable

### Financial information

- Payer-paid amount: When we pay second, we need to know the amount the primary carrier paid you. This amount is equal to total charges minus claims and line-level adjustments. Be sure you don't confuse the payer-paid amount with the patient-paid amount.
- Patient-paid amount: These amounts include those applied toward deductibles, coinsurance amounts and copayments.
- Line-level-adjustment reason codes and associated amounts (professional claims only): These show why the other insurer paid less than billed. Amounts include those applied toward deductibles, coinsurance amounts, copayments, as well as any write-offs.

For additional COB information and resources, please visit our [Claims Coordination and Review page](#).

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