



Aetna Medicaid COB Recovery Process Refund Check Application

Date: November 2023

PROVIDER NOTICE

We would like to inform you that Aetna Better Health of Texas has implemented a process to handle claims where Aetna Better Health of Texas paid as the Primary insurance and the member has other Primary insurance coverage at the time of service. This process involves the identification and pursuit of coordination of benefit (COB) overpayment from the member's actual Primary commercial carrier.

Here is a brief overview of the process:

1. Aetna Better Health of Texas identifies and pursues COB overpayments from Primary commercial carriers where Aetna Better Health of Texas paid the claim as Primary and member has other Primary insurance.
2. Aetna Better Health of Texas receives a refund from the member's Primary insurance.
3. The refund received from the Primary carrier is then applied to a reversal claim.
4. An Adjustment Claim is created to reflect the COB payment.

Please note, there **is no impact** to the Provider's Payment, as the source of the recovery is the member's Primary insurance carrier. The refund applied to the Reversal claim + the Coordinated Payment on the Adjustment Claim = The amount paid to the provider.

To confirm that the payment was not impacted, please review the EOB which will reflect the Reversal Claim and Adjustment Claim. Please review the example below of the process described.

Original Payment(Aetna Better Health as Primary)	546.00
-Reversal amount on Reversed Claim	-546.00
+Refund Amount on the Reversed Claim	+ 11.90
+ Net Amount Total on the Adjusted Paid Claim	+ 534.10
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Should total original payment	\$546.00

Patient: Member ID: [REDACTED] Date of Birth: [REDACTED] Final DRG: [REDACTED] Place of Service: 12		Patient Acet #: Authorization ID: [REDACTED] Provider: [REDACTED] Severity of Illness: [REDACTED]		Claim Status: REVERSED Claim#: 20204 [REDACTED] Refund Amount: 11.90 Received Date: 20200722												
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
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: Member ID: [REDACTED] Date of Birth: [REDACTED] Final DRG: [REDACTED] Place of Service: 12		Patient Acet #: Authorization ID: [REDACTED] Provider: [REDACTED] Severity of Illness: [REDACTED]		Claim Status: PAID Claim#: 20204 [REDACTED] Refund Amount: 0.00 Received Date: 20220906												
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
Claim Totals							546.00	0.00	546.00	0.00	0.00	0.00	11.90	534.10	0.00	534.10

Code/Description

Reversal of Claim # 20204E [REDACTED]

Patient: Member ID: [REDACTED] Date of Birth: [REDACTED] Final DRG: [REDACTED] Place of Service: 12		Patient Acet #: Authorization ID: [REDACTED] Provider: [REDACTED] Severity of Illness: [REDACTED]		Claim Status: PAID Claim#: 20204 [REDACTED] Refund Amount: 0.00 Received Date: 20220906												
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
Claim Totals							546.00	0.00	546.00	0.00	0.00	0.00	11.90	534.10	0.00	534.10

We kindly request that you review this process and familiarize yourself with the steps to identify HMS recoveries. If you have any questions or concerns, please do not hesitate to contact your Provider Relations Representative directly or reach out to Provider Services at: 1-800-248-7767 (Bexar), 1-800-306-8612 (Tarrant) and 1-844-787-5437 (STAR Kids).

Thank you, as always, for the support and care that you provide to our members!

Aetna Better Health of Texas, Provider Relations