It's time to verify your patients' eligibility

Important member ID card changes for those with Medicare Advantage plans

The following changes begin on January 1, 2022:

- All Aetna Medicare Advantage plan members will have 12-digit member ID numbers beginning with "10." We will no longer use the "ME" prefix for Medicare Advantage plans after that date. Consol Energy will transition from ID numbers beginning with "ME" to those beginning with "10" on April 1, 2022.
- "Group #" will be known as "Plan #." Please use the plan number in the way that you have previously used the group number in your transactions.

When checking your patients' eligibility and benefits, use our provider portal on Availity or another vendor or clearinghouse on our list. Vendor fees may apply.

Note when services were performed:

- For services performed on or before December 31, 2021, use the member's prior ID number.
- For services performed on or after January 1, 2022 (April 1, 2022, for Consol Energy), use the member's 2022 MA plan ID number. You can use this number to verify coverage, request an authorization/precertification, issue referrals and submit claims.

Note: Accurate benefit details for 2022 plans will not be returned if an eligibility and benefits submission is made prior to January 1, 2022.

Ask your patients for their current member ID card. If they don't have one, you can verify their eligibility using their full first and last name and date of birth. In addition, you can print an electronic copy of a patient's ID card, if needed. Make sure that eligibility details match the patient's information.

While it's a good idea to verify patient eligibility at the beginning of the year, it's best to verify their eligibility before every visit.

A new year means new plans

Some of your patients may have a new Aetna Medicare Advantage plan for 2022 that has different financial obligations or a new member ID number. Use the Eligibility and Benefits Inquiry transaction to get details on their 2022 plan.

Always use the correct ID number (for the corresponding year) when submitting claims, authorizations/precertifications or referrals.

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