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Provider Education Bulletin

Winter 2024 edition, day 1 of 2

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.

As always, we continually welcome your feedback. Just send us your questions, comments and ideas for future articles to **NewProviderTraining@Aetna.com**.

Thank you for being a part of our network.

Today's news

We're sharing how to make language assistance a priority and updated information regarding what we need to process your coordination of benefits (COB) claims.

Tomorrow's news

We're highlighting a recent enhancement to the Availity® appeals status indicator to include our decision on commercial and Medicare appeals.

Make language assistance a priority to improve your patients' health outcomes

Research shows that the most common language patients search for when booking a medical appointment is English, although population trends reveal that this could be changing.[1] According to the U.S. Census Bureau, the six most frequently spoken languages in U.S. homes are English, Spanish, Chinese, Tagalog, Vietnamese and Arabic.[2]

Aetna® membership reflects changes in the U.S. population. The top five languages spoken by Aetna members are English, Spanish, Mandarin, Korean and Hindi. Since it is well-known that language and cultural barriers have an adverse effect on health outcomes, we'd like to help you communicate effectively with your patients and support the delivery of culturally competent services.

Here are some resources to help you communicate with your non-English-speaking patients.

Limited English Proficiency

Maintained by the Federal Coordination and Compliance Section (FCS) in the Civil Rights Division of the United States Department of Justice, this site offers language resources such as the **I Speak cards** and the **I Speak Booklet (PDF)**.

Think Cultural Health

This site, sponsored by the Office of Minority Health (OMH), offers a free, online educational program accredited for physicians, physician assistants, and nurse practitioners titled **A Physician's Practical Guide to Culturally Competent Care**. This e-learning program intends to furnish the knowledge, skills and awareness to best serve all patients, regardless of their cultural or linguistic background. There are three courses in the program:

- **Course 1** covers the fundamentals of Culturally and Linguistically Appropriate Services (CLAS), including strategies for delivering patient-centered care.
- **Course 2** covers communication and language assistance, including how to work effectively with an interpreter.
- **Course 3** covers organizational CLAS-related activities, including strategic planning and community assessment.

About CLAS

CLAS is part of the OMH's National Standards for Culturally and Linguistically Appropriate Services in Health and HealthCare. These national standards advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to supply effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Submit clean secondary claims electronically for faster payment

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.

Claim filing indicators

A claim filing indicator is a required element when submitting electronic claims. It identifies the type of claim being submitted to a payer. And it can denote which payer is primary when the patient is covered by multiple insurance plans.

Below are recognized claim filing indicator codes and their descriptions:

Claim filing indicator code: 9
SELF PAY

Claim filing indicator code: 11
OTHER NON-FEDERAL

Claim filing indicator code: 12
PPO

Claim filing indicator code: 13
POS

Claim filing indicator code: 14
EPO

Claim filing indicator code: 15
INDEMNITY

Claim filing indicator code: 16
HMO MEDICARE

Claim filing indicator code: 17
DENTAL DMO

Claim filing indicator code: AM
AUTOMOBILE

Claim filing indicator code: BL
BCBS

Claim filing indicator code: CH
CHAMPUS

Claim filing indicator code: CI
COMMERCIAL

Claim filing indicator code: DS
DISABILITY

Claim filing indicator code: FI
FEDERAL EMPLOYEES

Claim filing indicator code: HM
HMO

Claim filing indicator code: LM
LIABILITY

Claim filing indicator code: MA
MEDICARE PART A

Claim filing indicator code: MB
MEDICARE PART B

Claim filing indicator code: MC
MEDICAID

Claim filing indicator code: OF
OTHER FEDERAL

Claim filing indicator code: TV
TITLE V

Claim filing indicator code: VA
VETERANS

Claim filing indicator code: WC
WORK COMP

Claim filing indicator code: ZZ
UNKNOWN

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 claims 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. Please note that 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, and copayments, as well as any write-offs.

For more information, refer to the **Contact Aetna** page. Select the Providers tab. In the "Call us" column, choose "Aetna service programs" from the drop-down menu and use the "Medicare medical and dental plans" number or the "Non-Medicare plans" number.

We're here for you.

Learn how to do business with us simpler and quicker.

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, precertification, 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

[1]Zocdoc. **What are the most useful languages for doctors?** Accessed November 7, 2024.

[2]U.S. Census Bureau. **What languages do we speak in the United States?** December 6, 2022. Accessed November 7, 2024.

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Provider Education Bulletin

Winter 2024 edition, day 2 of 2

This is day two of our provider education winter series. Today's edition focuses on a recent enhancement to the Availity® appeals status indicator to include our decision on commercial and Medicare appeals.*

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 to better serve our members and get paid faster.

We're making cultural competency and health equity a priority

Understanding the importance of cultural competency and health equity in health care can help improve your patients' overall health care experience and drive positive health outcomes. So, please take some time to review our **cultural competency training video**. It includes information about how you can access free online educational resources to help improve your communication and service-delivery strategies.

Don't miss a beat. Join our distribution list.

You and your team can stay informed by joining our OfficeLink Updates™ (OLU) provider newsletter distribution list. Simply complete our **online form**. You'll receive the monthly and quarterly editions of OLU, the provider education bulletin and other educational content directly in your inbox.

As always, we continually welcome your feedback. Just send us your questions, comments and ideas for future articles to **NewProviderTraining@Aetna.com**.

Thank you for being a part of our network.

Today's news

We'll tell you how to check commercial and Medicare appeals status on Availity®.

You can now check commercial and Medicare appeals status on Availity

Check the new display if you initiated your appeal on Availity.

Last September, we rolled out an enhancement to the Availity® appeals status indicator to include our decision on commercial and Medicare appeals.

Where you will find the decision indicator

You must select the Detail menu to view the updated status and decision, including decisions on an appeal that's already final. If new information is available, the decision will update.

Commercial appeals

For commercial appeals, the decision status will display as "Finalized" when the appeal is:

- Overturned
- Partially overturned
- Upheld
- Finalized — Avert
- Finalized — Misdirected
- Finalized — Withdrawn

Note that you will continue to receive mailed appeals decision letters.

Medicare appeals

The decision status will continue to display as "Submitted" when the decision is Overturned or Partially Overturned. The decision status will display as "Finalized" when the appeal is:

- Upheld
- Voided
- Dismissed
- Withdrawn
- Resolved

Note that you will continue to receive mailed or faxed appeals decision letters.

Questions?

For more information, refer to the **Contact Aetna** page. Select the Providers tab. In the "Call us" column, choose "Aetna service programs" from the drop-down menu and use the "Medicare medical and dental plans" number or the "Non-Medicare plans" number.

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*Availity® is available only to providers in the U.S. and its territories.

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