

Aetna Adoption Matrix Comments

BPR	Comment – (Can attach longer comments)
<p>www.onehealthport.com/worksmart/bproverview.php Standard Coding of Denials and Adjustments on the 835RA</p>	<p>1) On the requesting additional information scenario - the 16 vs. 125 – we will not always be able to follow the scenario when an electronic remittance advice is generated for a paper claim.</p> <p>2) The BPR appears to assume that all benefit plans are "gated" and par/non par is the only factor in determining whether adjustment is a contractual obligation (CO) or patient responsibility (PR). However, for example, with a true indemnity plan with no network, no matter what the denial is for, it's PR. We can't point to a contract for that type of plan.</p>
Electronic Processing of Corrections to Institutional Claims	While many electronic remittance advices for corrected claims already follow the recommended process, there are exceptions and some additional works may be needed in order for all ERA to follow process.
Electronic Processing of Corrections to Professional Claims	While many electronic remittance advices for corrected claims already follow the recommended process, there are exceptions and some additional works may be needed in order for all ERA to follow process.
Claim Coding Policy & Edits: Standardization and Transparency	

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Reconsideration of a Health Plan's Policy Regarding Code Edits	Only adopted for Medicare, Not for commercial
Requesting & Receiving Coverage Information for Eligibility & Benefits (Web Site)	Web process uses transaction which is CORE Ph 1 and Ph II certified
Requesting & Receiving Coverage Information for Eligibility & Benefits (HIPAA transaction)	
Extenuating Circumstances - Pre-Auth/Admit Notification	<p>Retro-review process does take care of all types of services including elective.</p> <p>The retro review P&P indicates that it may be necessary to review coverage requests when precertification is not obtained (for example, clinical condition of a member prevents notification during an inpatient stay, primary coverage misidentified).</p>
Browser Capabilities for Pre-Auth and Admit Notification	<p>Aetna does not currently support the ability to complete EDI updates to previous submitted requests.</p> <p>Aetna will not support request types (Pre-Service, Post-Service, Concurrent Urgent etc) that do not align with the HIPAA mandated standard used for Pre-Auth requests.</p>