

October 1, 2021

## **New P.O. Box Address and Vendor for Paper Claim and Claim Correspondence – Effective 11/15/2021**

P.O. Box **#66215** Will No Longer Be Valid Starting **November 15<sup>th</sup>, 2021**.

A key factor in getting claims processed in a timely manner is correct claims submission, and ABH provides multiple options for you to choose from, including the sending of paper claims through the mail.

Aetna will be replacing the current vendor, Change Healthcare (CHC), with Conduent for services related to the receipt and imaging of all paper claim and claim correspondence. The change in vendor requires a change in the P.O. Box number and physical location to which any Aetna Medicaid paper claim and correspondence are currently sent, specifically from **P.O. Box #66215** in **Phoenix, AZ** to **P.O. Box #982963** in **El Paso, TX**.

We are making you aware that the new P.O. box, **#982963**, will be live and reflected electronically anywhere the P.O. box address is currently listed on **November 15, 2021**. Once the new P.O. Box is live, mail must be sent to the following address:

### **New P.O. Box**

Aetna Better Health of Michigan  
P.O. Box 982963  
El Paso, TX 79998-2963

Mail will be forwarded from the old P.O. Box to the new P.O. Box for 12 months after **11/15/2021**. To assist us in processing and paying claims efficiently, accurately, and timely, the health plan highly encourages practitioners and providers to submit claims electronically, when possible.

Additional details can be found in the sections below. If you have any questions about our claim submission process you can contact our Claims Department by calling 1-866-314-3784.

Thank you,  
Aetna Better Health of Michigan

## Additional Provider Education Regarding Change

Aetna Better Health uses the TriZetto QNXT® system to process and adjudicate claims. Both electronic and paper claims submissions are accepted. To assist us in processing and paying claims efficiently, accurately, and timely, the health plan highly encourages practitioners and providers to submit claims electronically, when possible.

### How to File a Claim

**Source:** ABHMI Provider Manual

#### How to File a Claim

1. Select the appropriate claim form:
  - a. Medical and professional services use current version of the CMS 1500 Health Insurance Claim Form
  - b. Hospital inpatient, outpatient, skilled nursing and emergency room services use UB-04
  - c. Rural Health Clinics and Federally-Qualified Health Centers use UB-04 or CMS 1500, as PROVIDER MANUAL 103 appropriate for the services rendered. Please contact Provider Experience with additional questions.
2. Complete the claim form
  - a. Claims must be legible and suitable for imaging for record retention. Complete ALL required fields and include additional documentation when necessary
  - b. The claim form may be returned unprocessed (unaccepted) if illegible or poor -quality copies are submitted or required documentation is missing. This could result in the claim being denied for untimely filing.
3. Submit claims electronically or original copies through the mail (faxed claims are not routinely accepted).
  - a. Payer ID: 128MI
  - b. Electronic Clearing House - Providers who are contracted with us can use electronic billing software. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim sent, and minimizes clerical data entry errors. Additionally, a Level Two report is provided to vendors, which is the only accepted proof of timely filing for electronic claims.
4. Change Healthcare (formerly Emdeon)\* is the EDI vendor we use. **(\*Vendor information has been updated since the publishing of the Provider Manual. Please see the following pages for the Provider Communication that was sent regarding this change).**
5. Contact the software vendor directly for further questions about electronic billing.
6. Contact our Provider Experience Department for more information about electronic billing.
7. Through the mail
  - a. To include supporting documentation, such as members' medical records, clearly label and send to Aetna Better Health at the correct address:

Current Mailbox	New Mailbox (Effective 11/15/2021)
Aetna Better Health of Michigan P.O. Box 66215 Phoenix, AZ 85082-6215	Aetna Better Health of Michigan P.O. Box 982963 El Paso, TX 79998-2963

Please see below for a communication shared with Providers in March of 2021 regarding the switch from Emdeon Office to ConnectCenter.

## **The Aetna Better Health Plan of Michigan Portal is Getting an Upgrade!**

We are pleased to announce the availability of our new and improved solution for verifying member information and submitting claims to Aetna Better Health. Within the next two months, ConnectCenter will replace Emdeon Office, giving you a more reliable, more complete way to submit claims, all at no cost to you. Get started TODAY! Go [here](#) to get started right now.

You will be able to setup a new account in just seconds. Once you have received your new credentials, you may immediately begin checking eligibility. Claim submission will be available to you within one business day of setting up your account. Be sure to bookmark the new login page:

<https://physician.connectcenter.changehealthcare.com/#/site/home?payer=214563>.

You will be able to use your ConnectCenter and Emdeon Office accounts at the same time until 5/30/2021. After that date, most of your Emdeon Office account will be deactivated. However we will provide continued access to old claims by allowing you to log in directly to the Reporting & Analytics feature, within Emdeon Office. In order to ensure that you have as much time as possible to transition to ConnectCenter, we highly recommend that you start using it immediately. User guides and similar materials are attached below to help answer any questions you might have.

Here are a few of the improvements you can look forward to with ConnectCenter:

- Claims users no longer need to choose between data entry of claims and upload of 837 files. All users may do both.
- Secondary and tertiary claims can be submitted
- Institutional claims are supported
- Claims created online are fully validated in real-time so that you can correct them in real-time
- Whether you upload your claims or create them online, your claim reports are integrated with the claim correction screen for ease in follow-up
- Dashboard and work list views makes managing your billing to-do list a snap
- On-shore customer support available through online chat (as well as by phone)

## **Resources**

- [Signing Up](#)
- [Getting Started With Claims](#)
- [Uploading 837 Claims](#)
- [Keying a Professional \(CMS1500\) Claim Online](#)
- [Keying an Institutional \(UB04\) Claim Online](#)
- [Getting Started With Eligibility](#)
- [Getting Started With Claim Status](#)
- [Getting Started with Provider Management](#)

\*Tip: To save any of these guides for later use, right click on the link to the guide and choose an option such as "Save Link As." (The name of the download command varies between different browsers.) Once the "Save As" popup window opens, be sure to note where the guideline is being saved. The default directory is often (but not always) your Downloads folder.

## How to Ensure Long Term Access to Old Claims

If you wish to retain access to old claims after May 30th, please take the following steps to establish a Reporting & Analytics account that can be accessed independently of Emdeon Office.

1. Begin by going to <https://access.emdeon.com> and select the [Forgot Password](#) link.
2. Provide your email address and the same Username you use to access the Emdeon Office Aetna Better Health portal.
3. Once your new password is emailed to you, please make note of the Username, Password and [access.emdeon.com](https://access.emdeon.com) URL for use in future access to Reporting & Analytics.

If you are unable to obtain a new password as described above, please contact customer support for assistance at (877) 667-1512, option 2.

Whether you login to Reporting & Analytics via [access.emdeon.com](https://access.emdeon.com) or access it by choosing Reporting & Analytics from the Claims menu in the old portal, the functionality will be the same. You will be able to view details and track the status of claims submitted in Emdeon Office. Rejected claims can be corrected and resubmitted from within Reporting & Analytics. Although all claims in Reporting & Analytics remain accessible for 15 months from the date of claim submission, **you will not be able to get to these claims after May 30th unless you follow the steps above** to create a user account on [access.emdeon.com](https://access.emdeon.com).

## Frequently Asked Questions

### Q. When will I receive my new password?

A. Your password will be emailed to you within a few hours of the time that you sign up for ConnectCenter. You will likely receive a **separate** welcome email prior to receiving your new password. If you are eager to get started and don't want to wait for your password to be delivered, you can use the [Forgot Password?](#) link on the ConnectCenter login page to choose a new password. Do keep in mind, however, that you must wait one business day after your account is created before you may submit claims.

### Q. What is my Vendor Code?

A. If you access the ConnectCenter sign-up screen from the ConnectCenter login page, rather than from the link included above, you will be required to enter a vendor code before you can sign up. The vendor code that you should enter is **214563**. For your convenience, this code will be automatically supplied when you access the Sign Up process from [here](#), or from the button provided on the Office login page. FYI, the vendor code **214563** will also be referred to in ConnectCenter as your biller code. This identifier indicates that your account is sponsored by Aetna Better Health Plan.

### Q. Why doesn't the Next button work when I try to Sign Up? What do I do when I get the error: "You must select a feature before continuing"?

A. On the first page of the Sign Up screen, please be sure to select the radio buttons next to "\$0.00 per Transaction" in each row. Do not select the circles next to NA as doing so would prevent you from obtaining access to corresponding feature.

### Q. How do I associate the providers in my office to my new account?

A. You should add your providers by logging into ConnectCenter and then choosing Admin, and then Provider Management from the ConnectCenter main menu. For more details see [Getting Started with Provider Management](#). Note, that the first time you access Provider Management to add providers, you should click "search" on the opening page without entering ANY data in any of the fields provided. This tip and additional instructions are available in the Getting Started guide.

### Q. How do I use Provider Management if I am an atypical provider and do not have an NPI?

A. When creating or editing a provider, atypical providers should change the ID Type field from NPI to API, and then enter the atypical provider identifier into the ID field. In some cases the atypical ID may

be your Tax ID. Whether your atypical provider ID and tax ID are the same or different, you have the option to also enter your Tax ID in a separate Tax ID field. When performing an eligibility inquiry, provider information will use an NPI if you have one, followed by a Tax ID if there is no NPI. Atypical ID will be selected only for provider records that do not contain NPI or Tax ID. When using the provider directory to help create a claim, only NPI is currently retrieved.

**Q. What is a submitter ID? or a biller ID?**

**A.** ConnectCenter assigns an ID called a submitter ID to each provider office or provider organization. This arbitrary 6 digit number will be displayed next to the name of your practice at the top of the ConnectCenter window. While you don't need to memorize the number, it will be included on most reports and also in service interactions with our customer support team. The billing ID identifies your account as sponsored by Aetna Better Health Plan and will be shared by your account and all other accounts also sponsored by Aetna Better Health.

**Need Help?**

- Call (800) 527-8133, option 2 for questions about:
  - submitting NEW claims
  - eligibility
  - claim status
- Call (877) 667-1512, option 2 for questions about:
  - the status of OLD claims
  - access to Reporting & Analytics