Dispute and Appeal Redefinitions

July 1, 2019

Dear Provider,

Aetna Better Health of Virginia (HMO-SNP) will be updating our website to provide clearer understanding and instruction to our providers related to the various dispute, appeal, and grievance processes. This update also includes new forms. Use of the new forms will be required starting **August 1, 2019**, by providers. The updates below will be made on or before August 1, 2019, to our marketing information. Below is a summary of the updates:

Claim reconsiderations: Now two distinct forms for PAR and non-PAR providers to use.

Reconsideration type	Who uses	Address to send	Where to find	Other required information
Dispute	Contracted (PAR) providers	Aetna BetterHealth of Virginia PO Box 63518 Phoenix, AZ 85042	For paper form, on the provider website under **For Providers** and under **Forms**, select *PAR Provider Dispute Form*. On the provider portal, user guide available on website.	**Paper**: Requirements as outlined on form **Online**: Complete all fields and attach supporting documentation
Appeal	Non-contracted (Non-PAR) providers	Aetna BetterHealth of Virginia PO Box 81040 5801 Postal Road Cleveland, OH 44181	On the provider website under **For Providers** and under **Forms**, select *Non- PAR Provider Appeal Form*.	**For denied claims only**, appeal must be submitted with a completed *Waiver of Liability* form, available at same website location

Pre-Service Authorization Member Appeals

Our website will be refreshed to include more information related to this type of pre-claim appeal to help providers better distinguish between this type member appeal, which can be filed by a provider on a member's behalf, and a claims appeal, which is for non-PAR providers to have a claim reconsidered.

Note: Details on what to submit on behalf of a member for a *Pre-Service Authorization Member Appeal* is articulated in the *Authorization Denial* letter, which is sent out by UM after the decision is made to deny the claim.

Provider Grievances

Additionally, our website will be refreshed to include updated language related to a provider grievance. This is to help distinguish when this process is used. In general, a provider grievance is used when a provider has a concern related to an overall policy or procedure, unlike a provider dispute or appeal, which is specific to a claim reconsideration.

We hope these updates allow you and your staff to better navigate the resources that are available. Our goal is to ensure your needs are being addressed appropriately and in a timely fashion. Should you have any questions, please contact us at **1-855-463-0933**.

Sincerely,
Aetna Better Health of Virginia (HMO-SNP) - Provider Experience Team