



May 21, 2021

Dear Valued Provider,

Aetna Better Health® of Illinois has started migration from Change HealthCare's ClaimCheck to Change HealthCare's ClaimsXten.

What is ClaimsXten?

ClaimsXten is an auditing software product from Change HealthCare that in combination with claims processing systems:

- Reinforces compliance with standard code edits and rules
- Ensures correct coding and billing practices are being followed

Go-Live Date:

- Aetna Better Health Illinois – 08/2021

How will the upgrade to ClaimsXten affect you?

Our Providers will continue to see similar edits as under ClaimCheck. ClaimsXten has enhanced audit logic and is able to expand many functions within the edits that were previously limited. Such as calendar month & calendar year editing, defining with & without modifier editing & other customizable components.

The Illinois State Edits will be added as part of the QNXT/ClaimsXten integration. Such as state age requirements per CPT code, frequency limitations per unit or per date.

Providers can still determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, by utilizing Clear Claim Connection (C3).

Why are we upgrading from ClaimCheck to ClaimsXten?

- The ClaimCheck software will be sunseting in March 2023 and will no longer be available for use.
- ClaimsXten is this vendor's next generation code auditing software that will seamlessly transition Aetna Better Health of Illinois from the current ClaimCheck software.

If you have any questions or concerns, please contact your Provider Experience Representative.

Sincerely,

Aetna Better Health of Illinois

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