

Aetna Better Health® of Pennsylvania  
Aetna Better Health® Kids

# Provider Newsletter

FALL/WINTER 2019



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Wishing our provider family all the best during this holiday season!





## Reminder: PROMISE Billing Requirements

Effective July 1, 2019, as required by the Affordable Care Act (ACA) and DHS, all Medicaid and CHIP providers who render services for Medicaid or CHIP beneficiaries, must be enrolled with DHS and have a valid PROMISE Identification Number (PROMISE ID) **for each service location at which a provider operates.**

DHS uses the National Provider Identification (NPI) number and taxonomy submitted on claims to validate the enrollment of providers in PROMISE.

If you need to verify if you are enrolled in PROMISE at **all service locations**, you can access the DHS online portal at: <https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider>.

You can also find a copy of the complete DHS notice regarding the enrollment requirement and process, visit [http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin\\_admin/c\\_284208.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_284208.pdf).



## Do we have your email address?

Several months ago we started sending your practice important communication updates via email and then to fax, then your physical address. We need your current email address to get provider updates to you quicker and more efficiently. Be sure to give your PR Rep an email for your practice. It will keep you "in the know" about Aetna Better Health of Pennsylvania!



## Coming Soon!

We're working hard to streamline our processes. You will soon be able to update your provider demographic changes online! We'll update you in this newsletter, by email or fax when it's available!



## Preferred Drug List Update

### Statewide Preferred Drug List (PDL) FAQs for Providers Effective 1/1/20

#### What is a Preferred Drug List (PDL)?

The Preferred Drug List (PDL) is created by the Department of Human Services (DHS), in consultation with the P&T Committee. The PDL is intended to help prescribers and members choose safe, effective, and lower-cost drugs. Preferred drugs have fewer restrictions than Non-preferred drugs. Non-preferred drugs will need a prior authorization. The PDL is available on DHS's website: <https://papdl.com/preferred-drug-list>

#### What is changing, when, and why?

Starting January 1, 2020, all the Managed Care Organizations (MCOs) that offer an outpatient drug benefit for Pennsylvania HealthChoices members must use DHS's PDL. Members enrolled with an MCO will have access to all the drugs on the PDL. They will also have access to other drugs on their plan's List of Covered Drugs (formulary). This change does not apply to members with dual Medicare and Medicaid coverage.

DHS developed the PDL and requires MCOs to use it for the following reasons:

- It reduces disruptions in therapy when a member moves from one plan to another
- It encourages the use of the most cost-effective drugs within a PDL drug class
- It simplifies pharmacy benefits for prescribers and pharmacies



## Did you miss an MAB?

If you missed a recent Medical Assistance Bulletin, just click [here](#).

### **How does this change affect drugs that are not included on the PDL?**

We will continue to maintain a List of Covered Drugs, or formulary. We will use their own clinical criteria and coverage policies for drugs that are not part of the PDL. These are approved by DHS prior to implementation.

### **How does this change affect provider-administered drugs (i.e., physician-administered drugs)?**

The PDL applies to outpatient drug claims where a drug is dispensed and billed by a pharmacy and when a drug is administered to a member and billed on a medical claim (e.g., CMS-1500).

### **If I have an approved drug prior authorization for a patient and the drug is not included on the PDL, will I need to submit another prior authorization request?**

You will receive a letter if your patient requires a new prior authorization (PA) for a drug that will become non-preferred on January 1, 2020.

### **Has the process to obtain a PA changed?**

No. The PA process has not changed. Our current coverage can be found on our website: <https://www.aetnabetterhealth.com/pennsylvania/providers/pharmacy>

### **If I need to obtain a PA, how long does that process take?**

DHS or the Aetna Better Health will respond to a drug prior authorization request within 24 hours to inform you if the request is approved, denied, or if more information is needed.

### **If my patient needs an emergency supply, will the pharmacy supply it?**

Yes. To prevent a member from leaving without medication, we approve emergency supplies of medications up to 15 days when drug therapy needs to begin immediately, and prior authorization is pending.

### **Can Aetna Better Health list drugs not on the DHS PDL as preferred or non-preferred?**

No. However, we will continue to use our clinical criteria and coverage policies for drugs or drug classes that are not part of the PDL. These are approved by DHS prior to implementation.

### **Will Aetna Better Health use different prior authorization criteria for non-preferred drugs on the PDL?**

DHS and Aetna Better Health will use the same non-preferred PA criteria for the drugs classes on the PDL.

### **How is a drug selected for inclusion on the PDL?**

Change Healthcare, DHS's PDL contracted vendor, reviews each drug on its clinical merits as compared to other drugs in the same drug class. Change Healthcare's primary sources for this review include published, peer-reviewed clinical trials. Data regarding efficacy, effectiveness, adverse effects, and tolerability are analyzed and compared to other drugs within the therapeutic class. DHS presents the drug class review to the Pharmacy and Therapeutics (P&T). P&T then makes recommendations to DHS regarding the preferred or non-preferred status of each drug within the drug class. After considering both P&T recommendations and financial analyses, DHS makes the final selection of preferred drugs for the PDL.

### **How often will drugs, or drug classes, be reviewed and changes made to the PDL?**

The P&T committee will review selected drugs or drug classes once a year.

### **Where can I find more information about P&T meetings?**

DHS's P&T meetings are open to the public. Additional information, including upcoming meeting dates and times, are listed on the DHS website at <http://www.dhs.pa.gov/provider/pharmacyservices/preferreddruglist/information/index.htm>

For more information about the PDL you can contact our Provider Relations Department by calling 1-866-638-1232.



## Pharmacy Updates

Please refer to the provider website or provider manual for pharmacy information:

- A complete list of pharmaceuticals (formulary), monthly changes, limits and quotas
- How to use the pharmaceutical management procedures
- How to provide information for exception requests

Generic substitutions, therapeutic interchange and step-therapy protocols



## Member Rights and Responsibilities

Aetna Better Health of Pennsylvania and Aetna Better Health Kids maintain policies and procedures that formally address a member's rights and responsibilities. The policies reflect federal and state laws as well as regulatory agency requirements.

We annually inform our members of their rights and responsibilities in the member handbook, member newsletter and other mailings. They are also posted within the For Members section on our website at [aetnabetterhealth.com/pennsylvania/members](https://aetnabetterhealth.com/pennsylvania/members).

We ensure that members can exercise their rights without adversely affecting treatment by participating providers. Members' rights and responsibilities are monitored through our quality management process for tracking grievances and appeals as well as through member surveys. Issues are reviewed by our Service Improvement Committee and reported to the Quality Management Oversight Committee.

For additional information regarding member rights and responsibilities, visit our website or call your Provider Relations Representative at 1-866-638-1232.



## Utilization Management Decisions

Aetna Better Health's affirmative statement declares that our organization does not use employee incentives or disincentives to encourage barriers to care and service. Our Utilization Management process:

- Renders decisions based only on appropriateness of care and service and existence of coverage
- Does not specifically reward practitioners or other employees/individuals for issuing denials of coverage
- Financial incentives for utilization making decision makers do not encourage decisions that result in underutilization



## Recent Provider Notices

**Stay up to date with our recent provider notices.**

Check our [NOTICES](#) page often to stay up to date with changes that may affect you.





## 2019 HEDIS Webinar Series

**You're invited to attend our free HEDIS webinar series.**

The goal of the series is to:

- Educate about HEDIS measure specifics
- Explore ways to reduce the burden of medical record review and maximize administrative data capture
- Present NCQA HEDIS reporting codes that will help effectively capture care provided
- Discuss HEDIS measures applicable to certain populations
- Encourage open discussion to learn how other providers are addressing HEDIS and barriers to care
- Strategies for improvement
- Connect you with a single point of contact at the health plan for HEDIS/ Quality questions

Be sure to check your inbox for monthly invites and class registration information.

Please cascade this information to other staff that may benefit from these free webinars.



Please email Madison ([MRYonlisky@aetna.com](mailto:MRYonlisky@aetna.com)) to be added to the invite list.



## To View Previously Recorded HEDIS® Webinar Series Videos

**You can watch the webinars online to learn how you can improve HEDIS rates and member health outcomes:**

The 2019 Webinar series is also being recorded. New videos coming soon! Also, you can download a copy of the presentation.

[aetnabetterhealth.com/what/videos](http://aetnabetterhealth.com/what/videos)

If one of your staff or colleagues wishes to be added to the upcoming webinar invite list please email Madison - [MRYonlisky@aetna.com](mailto:MRYonlisky@aetna.com) Include in your email to Madison the email address of the person wishing to be added to the invite list. She will email the meeting link.



## Schedule

You now have the option to register for our monthly webinars well in advance! Please see our topics and schedule below for the next two months. A detailed agenda for each webinar will be distributed the month the webinar is set to be held.

Join us and invite your colleagues! Feel free to share this invite within your organization

Click on your preferred date(s) below and use the "Register" button to sign up today!

*\*each topic has two offerings*

### November 2019

"Beyond HEDIS – The correlation between substance abuse and behavioral health disorders"

• [Thursday, November 21](#)  
@ 3 PM EDT

• [Friday, November 22](#)  
@ 11 AM EDT

### December 2019 - TWO TOPICS!

"Coding specific topic: Closing HEDIS gaps administratively cuts down on MRR"

• [Thursday, December 5](#)  
@ 9:30 AM EDT

• [Monday, December 9](#)  
@ 1 PM EDT

"Reducing the burden of medical record review and preparation for HEDIS 2020"

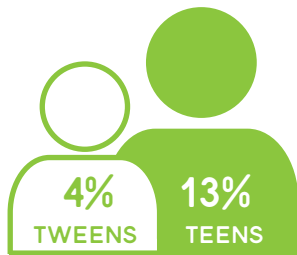
• [Tuesday, December 17](#)  
@ 10 AM EDT

• [Wednesday, December 18](#)  
@ 2:30 PM EDT

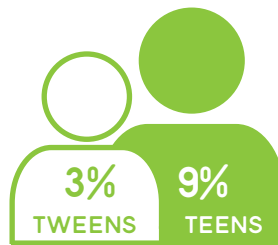
# TEENS, TWEENS & TOBACCO

Knowing the facts about tobacco can help you make the right choice for you.

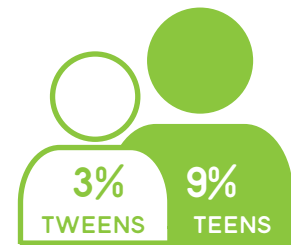
## TEENS & TWEENS SMOKING RATES



E-CIGARETTES

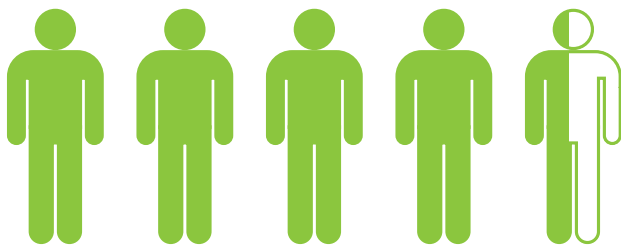


HOOKAHS



CIGARETTES

## MOST TEENS & TWEENS DON'T SMOKE



87% OF TEENS DO NOT USE E-CIGARETTES

93%  
of tweens  
don't smoke  
cigarettes

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77%  
of teens  
don't smoke  
cigarettes

## TOBACCO COMPANY MARKETING TRICKS



Store displays & in-store ads



Price discounts & coupons



Gift with purchase promotions



Candy-flavored e-cigarettes



Concert & sporting event sponsorship



Magazine ads



Free products

IF YOU WANT TO QUIT, CALL A COACH TO HELP.

For more information, visit [njhealth.org/quittobaccohelp](http://njhealth.org/quittobaccohelp)

# UNDERSTANDING VAPING

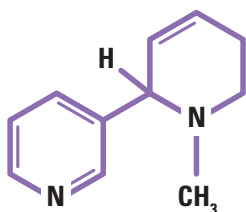
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Vaping is the act of inhaling liquid nicotine and other additives through a battery-powered device that often looks like a cigarette.



## DIFFERENT NAMES FOR THE SAME PRODUCT

- E-cigarette
- Hookah pen
- Vape pipe
- E-hookah
- Vape pen



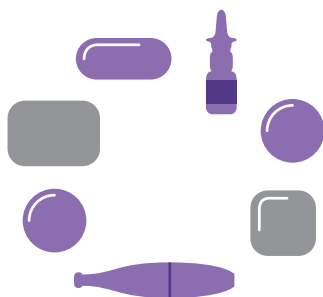
## WHAT'S BEHIND THE VAPOR

- Addictive nicotine content
- Unregulated nicotine levels and a mixture of other chemicals



## NICOTINE & THE BRAIN

Nicotine can affect decision making, impulse control and planning functions of the brain, which are among the last to mature. This makes young people more susceptible to the effects of nicotine and other addictive substances.



## VAPING IS NOT A PROVEN WAY TO QUIT

Coaching support, combined with one of seven FDA-approved medications, is a proven way to quit tobacco.

- NRT patch
- NRT inhaler
- Varenicline
- NRT gum
- NRT nasal spray
- Bupropion
- NRT lozenge

For more information, visit [njhealth.org/quittobaccohelp](https://njhealth.org/quittobaccohelp)



## Provider Appeals

Providers may file an appeal with Aetna Better Health if the provider disputes the resolution of a claim denial or adjudication, or services were provided without the proper authorization.

**Note:** when submitting the initial prior authorization request, it's important to **submit all clinical information with the initial request**. Providing all clinical information up front will reduce denials related to prior authorization.

Tips for submitting provider appeals:

- Use the Provider Appeal Form located on our website; go to [aetnabetterhealth.com/pennsylvania/providers/forms](https://aetnabetterhealth.com/pennsylvania/providers/forms) to download and print the form
- Include the claim number on the appeal
- State exactly what is being disputed and why the claim should be paid
- Submit appeals in writing to Aetna Better Health by fax or mail **within 60 days of the provider remittance date**
- Appeals Fax Number: 1-860-754-1757
- Appeals Mailing Address:  
Aetna Better Health of Pennsylvania  
Attn: Provider Appeals  
2000 Market Street, Suite 850  
Philadelphia, PA 19103



## Avoid Claim Denials-Use the Right Payer ID

Coventry Payer ID number 25133 is no longer valid! Aetna Better Health claims should be submitted using only claim Payer ID number **23228** to avoid your claim being denied.



# Prior Authorization Checklist

Use this helpful checklist when filling out and submitting a Prior Auth Request Form.

## Member Information

- Name
- PCP Name
- DOB
- Other insurance
- Other insurance Policy Number
- Member ID#
- Gender

## Provider Information (Ordering and/or Rendering)

### Ordering Physician/Nurse Practitioner

- Name
- Address
- Telephone number
- Fax phone number **(REQUIRED)**
- Contact Person
- NPI
- PROMISe ID

### Rendering Provider/Facility/Physician

- Name
- Address
- Telephone number
- Fax phone number **(REQUIRED)**
- Contact Person and Specialty
- NPI
- PROMISe ID

## Required Clinical Information (indicate the type of the service using the checklist)

- Inpatient
- Outpatient
- Home Health
- DME
- Physical/Occupational/Speech Therapy
- Other

## Diagnoses Codes and Descriptions

## NDC Code (For Pharmacy Requests)

## Procedure/service requested (list all CPT/HCPCS codes & descriptions required)

- Date(s) of service
- Include # of units/visits

## For Home Health (shift care) ONLY:

- Number of hours per day and days per week

## Required Documentation

- Attach supporting clinical information (e.g., Plan of Care, medical records, lab reports, letter of medical necessity, progress notes, etc.)

## IF THIS IS A REQUEST FOR THERAPY, PLEASE USE A SEPARATE FORM FOR EACH SERVICE! (e.g., one form for PT with all codes and clinical, one form for OT with all codes and clinical etc.)

You can find the Prior Auth Request Form here: <https://www.aetnabetterhealth.com/pa/providers/forms>

Fax the completed Prior Auth form to:  
**1-877-363-8120**

### Questions?

For questions call Provider Relations at 1-866-638-1232



Aetna Better Health® of Pennsylvania



## E-cigarette or Vaping Product Use Associated Lung Injury Update

Click [here](#) to learn more from the Centers For Disease Control and Prevention (CDC) latest update about lung injury risks associated with E-cigarette/vaping.



## Reminder to Submit Encounter Data For All Services

It is important that the DHS receive all relevant encounter data from us so that service utilization of members is accurately captured. It is important to note that when Third Party Liability (TPL) is involved, you should always submit claims when there is no payment due from the Aetna Better Health.

If you receive a payment from a primary payor, the claim with the EOB should be submitted to the Aetna Better Health so that services can be part of our Medicaid services reporting. It is important for the DHS to know what services are performed for Medicaid members.

Some examples of the why it is important we receive all encounter data include:

- To determine Hospital Quality Incentive Payments (HQIP) using submitted inpatient and outpatient encounter data. See this link for information on this initiative: <http://www.dhs.pa.gov/provider/hospitalassessmentinitiative/>.
- To ensure service records for HEDIS measures are accurately collected. For the HEDIS indicators, payment is not considered. HEDIS is based on utilization only by procedure code.
- To ensure children are receiving EPSDT services as part of the Aetna Better Health's clinical oversight.

Additional information on how encounter data is utilized in the inpatient and outpatient payment programs can be found at:

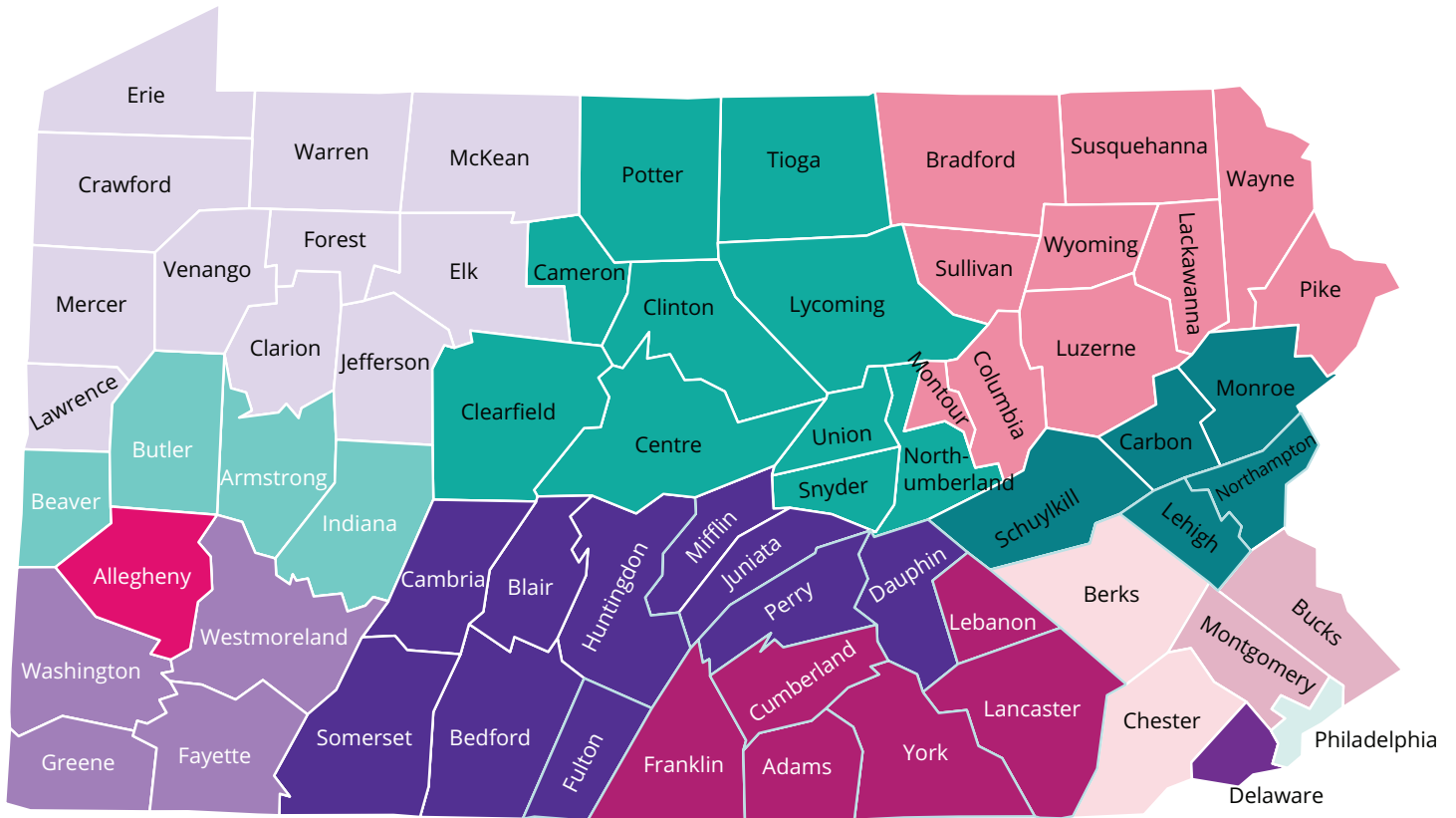
- [http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c\\_266647.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_266647.pdf) and
- [http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c\\_279175.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_279175.pdf).

We urge you to submit all claims regardless of the primary payor.

Additional technical guidance on submitting TPL information can be found in Systems Notice SYS-2019-010.

Questions? Ask your PR rep or call Provider Services at 1-866-638-1232.

# Network Relations Consultants



Melinda Roach

Korey Luciw /  
Jennifer Zupancic

Teresa Washington

Donna Lambert

Vacant

Michelle Bogard

Korey Luciw

Kim Heggenstaller

Jennifer Zupancic

Teresa Washington /  
Anna Dipietro

Kimberly Young

Sherrie Flannery

Kari Heggs

Out of State  
Donna Lambert

## Large Group and Hospital Assignments

Provider Group	Representative
Allegheny Health Network (SW)	Jennifer Zupancic
Allegheny Health Network (NW)	Jennifer Zupancic
Children's Hospital of Philadelphia	Teresa Washington
Coordinated Health	Donna Lambert
Crozer Keystone	Teresa Washington
CVS MinuteClinic	Kari Heggs
Detweiler Family Medicine	Kimberly Young
Drexel Medicine	LaShawn Bailey
Einstein Health Network	Anna Dipietro
FQHCs – Delaware County	Teresa Washington
FQHCs – Philadelphia County	Teresa Washington
FQHCs – All other counties	Ashley Smith
Geisinger	Kim Heggenstaller
Hahnemann	LaShawn Bailey
Jefferson Health	Anna Dipietro
Lehigh Valley Health Network	Donna Lambert
Mercy Health	Kari Heggs
Nemours	Teresa Washington
Penn State Health	Kimberly Young
Quest Diagnostics	Kari Heggs
St. Christopher's	LaShawn Bailey
St. Mary Medical Center	Kari Heggs
Tower Health	Kimberly Young
UPMC Cole	Melinda Roach
UPMC Pinnacle	Michelle Bogard
UPMC Susquehanna	Melinda Roach
UPMC – Western PA	Melinda Roach
WellSpan Health	Vacant





## Prenatal Third Party Liability (TPL) Changes Effective 2/9/2018

Dear Provider,

The Bipartisan Budget Act of 2018 includes several provisions which modify third party liability (TPL) rules related to special treatment of certain types of care and payment.

Currently, Medicaid is generally the “payer of last resort,” meaning that Medicaid only pays for covered care and services if there are no other sources of payment available. The new section of the Social Security Act requires that states take “all reasonable measures to ascertain the legal liability of third parties.” The Bipartisan Budget Act of 2018 makes changes to the special treatment of certain types of care, delays the implementation changes to the time period for payment of claims, repeals a provision regarding recoveries from settlements, and applies TPL to CHIP.

### **Removing Special Treatment of Certain Types of Care:**

DHS may pay a claim even if a third party is likely liable and then seek to recoup payment from the

liable third party or “pay and chase.” Pay and chase is required for some circumstances. Previously, current law required that DHS pay for prenatal or preventive pediatric care, including screening and diagnosis, within 30 days without regard to third party liability, and if a third party is found to be liable, seek reimbursement after payment is made.

In situations where TPL is likely for a prenatal claim, we are required to cost avoid and reject, **but not deny** the claim and return it to the provider noting the third party that Medicaid believes to be legally responsible for payment. If after the provider bills the liable third and a balance remains or the claim is denied payment for a substantive reason, the provider can submit a claim to the SMA for payment of the balance, up to the maximum Medicaid payment amount established for the service in the State Plan. Additionally, since this now applies to CHIP, states should follow the same policies in their CHIP programs.

Depending on how a provider bills, the SMA may need to cost avoid claims that it otherwise would have attempted to pay and chase. As SMAs are now required to cost avoid prenatal claims, the option to pay and chase for the entire bundled claim is no longer allowed. If an SMA cannot differentiate the costs for prenatal services from labor and delivery on the claim it will have to cost avoid the entire claim.

**Delaying the implementation date of the Bipartisan Budget Act of 2013 provision (which allows for payment up to 90 days after a claim for special populations, instead of 30 days under current law) from October 1, 2017 to October 1, 2019:**

Pay and chase is required for particular circumstances in which there is a risk that if the SMA were to cost avoid claims, providers might choose not to participate in the Medicaid program. Effective October 1, 2019, SMAs will have 90 days (instead of 30 days under current law) to pay claims related to medical support enforcement, preventive pediatric services, labor and delivery, and postpartum care.

**Repealing section 202(b) of the Bipartisan Budget Act of 2013:**

Section 53102(b)(1) of the Bipartisan Budget Act of 2018 also repeals section 202(b) of the Bipartisan Budget Act of 2013. SMAs are now required to recover funds only from the portion of a beneficiary's settlement or judgment intended to cover medical items or services.

Settlements and awards often contain more than just payment for the cost of medical care, such as payment for pain and suffering or lost wages.

Additionally, this change repeals the SMAs ability to place liens against property for the collection of excess or improper medical assistance payments made on the behalf of an individual who should not have received them in the case of a court judgment and the state's rights to third party payment recoupment.

These changes are effective as of September 30, 2017. If between October 1, 2017, and issuance of this Informational Bulletin, a SMA pursued recovery from funds not allocated solely for

medical items or services, the SMA must move forward with refunding those funds.

**Third Party Liability – Application to CHIP**

The application process for CHIP allowed SMAs the option of obtaining information related to third parties even though children must be uninsured to qualify for CHIP. Although children must be uninsured to qualify for CHIP, there may be situations where other types of third parties may be liable for some health expenses, such as auto insurance following an accident.

Section 53102(d) of the Bipartisan Budget Act of 2018 amends section 2107(e)(1) of the Act to apply Medicaid third party liability requirements at 1902(a)(25) of the Act. It is no longer optional to obtain information related to third parties during the CHIP application process. SMAs are now required to pursue third party liability information during CHIP the application process.

This change is effective February 9, 2018.

If you have questions about this change, just contact Aetna Better Health of Pennsylvania Provider Relations by calling **1-866-638-1232**.

Provider Relations

Aetna Better Health of Pennsylvania

# 2019 Quick Reference Guide

Aetna Better Health of Pennsylvania			
Administrative Office	2000 Market Street, Suite 850 Philadelphia, PA 19103 1-866-638-1232 (MA) 1-800-822-2447 (CHIP)	Claims Customer Service Contact (CICR)	1-866-638-1232
Pharmacy	CVS Caremark: 1-866-638-1232	Language Line Services	1-800-385-4104
Eligibility Verification (by phone)	1-866-638-1232 (MA) 1-800-822-2447 (CHIP)	Complaints, Grievances & Appeals	Complaints Grievance and Appeals 2000 Market Street, Suite 850 Philadelphia, PA 19103 Fax: 1-860-754-1757 Email: <a href="mailto:PAMedicaidAppeals&amp;Grievance@AETNA.com">PAMedicaidAppeals&amp;Grievance@AETNA.com</a>
Claim Submission Address/Payor ID	Aetna Better Health PA P.O. Box 62198 Phoenix, AZ 85082-2198 Emdeon Payor ID: 23228	eviCore®	Link: <a href="http://www.medsolutionsonline.com">www.medsolutionsonline.com</a> Link: <a href="http://www.Evicore.com">www.Evicore.com</a> Radiology: 1-888-693-3211 Pain Management: 1-888-393-0989 Client Services: 1-800-575-4517
Prior Authorization Phone and Fax Numbers	P: 1-866-638-1232 F: 1-877 363-8120 Form Link: <a href="https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/PriorAuthForm-PA_JF_SP2_FINAL.pdf">https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/PriorAuthForm-PA_JF_SP2_FINAL.pdf</a>	Real Time support via Emdeon: Claim Inquiry & Response (276/277); Eligibility Inquiry & Response (270/271); and Health Service Review Inquiry & Response (278)	Emdeon Payor ID: 23228
Provider Manual	<a href="https://www.aetnabetterhealth.com/pennsylvania/providers/manual">https://www.aetnabetterhealth.com/pennsylvania/providers/manual</a>	EFT / ERA	Form Link: <a href="https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/provider-forms/EFT-AuthorizationEnrollmentForm-PA.pdf">https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/provider-forms/EFT-AuthorizationEnrollmentForm-PA.pdf</a>
Website	<a href="http://www.aetnabetterhealth.com/pennsylvania">www.aetnabetterhealth.com/pennsylvania</a>	Vision	Superior Vision: 1-866-819-4298 <a href="http://www.superiorvision.com">www.superiorvision.com</a>
Provider Web Portal	<a href="http://www.aetnabetterhealth.com/pennsylvania/providers/portal">www.aetnabetterhealth.com/pennsylvania/providers/portal</a>	Provider Relations, Contracting & Updates	P: 1-866-638-1232 F: 1-860-754-5435 Email: <a href="mailto:ABHProviderRelationsMailbox@AETNA.com">ABHProviderRelationsMailbox@AETNA.com</a>
Peer to Peer Request	1-959-299-6960	Special Needs Unit	1-855-346-9828
Member Services	1-866-638-1232 (MA) 1-800-822-2447(CHIP)	Dental	SKYGEN Provider Services: 1-800-508-4892 Website: <a href="https://skygenusa.com">https://skygenusa.com</a>
Pennsylvania Department of Human Resources			
Dept of Human Services Helpline	1-800-692-7462	Provider Inquiry Hotline	1-800-537-8862 Prompt 4
Behavioral Health	1-800-433-4459	Pharmacy Hotline	1-800-558-4477 Prompt 1
OMAP - HealthChoices Program Complaint, Grievance, & Fair Hearings	1-800-798-2339 PO Box 2675 Harrisburg, PA 17105-2675	MA Provider Enrollment Applications / Changes	1-800-537-8862 Prompt 1
Eligibility Verification System (EVS) – Phone	1-800-766-5387	Outpatient Providers Practitioner Unit	1-800-537-8862 Prompt 1
Eligibility Verification System (EVS) – Website	<a href="http://www.dhs.pa.gov/provider/frequentlyaskedquestions/accesscardsevseligibilityquestionsandanswers/index.htm">http://www.dhs.pa.gov/provider/frequentlyaskedquestions/accesscardsevseligibilityquestionsandanswers/index.htm</a>	MA Provider Compliance Hotline	1-800-333-0119

# 2019 Quick Reference Guide

<b>Mental Health, Drug &amp; Alcohol Services</b> Aetna Better Health recipients receive mental health, drug, and alcohol services through Behavioral Health (BH) Managed Care Organizations (MCO) in each county. Please refer to the list below to contact the office in the member's county.				<b>Medical Assistance Transportation Program (MATP)</b> Please refer recipients needing assistance with transportation to these local county offices. Recipients can use these numbers to obtain information on how to enroll in the MATP program. For more information, visit <a href="http://matp.pa.gov">matp.pa.gov</a> .			
County	BH MCO / Phone	County	BH MCO / Phone	County	Phone	County	Phone
Adams	CCBHO 800-553-7499	Lackawanna	CCBHO 800-553-7499	Adams	800-632-9063	Lackawanna	570-963-6482
Allegheny	CCBHO 800-553-7499	Lancaster	PC 888-722-8646	Allegheny	888-547-6287	Lancaster	800-892-1122
Armstrong	VBH 877-615-8503	Lawrence	VBH 877-615-8503	Armstrong	800-468-7771	Lawrence	888-252-5104
Beaver	VBH 877-615-8503	Lebanon	PC 888-722-8646	Beaver	800-262-0343	Lebanon	717-273-9328
Bedford	PC 866-773-7891	Lehigh	MBH 888-207-2911	Bedford	814-643-9484	Lehigh	888-253-8333
Berks	CCBHO 800-553-7499	Luzerne	CCBHO 800-553-7499	Berks	800-383-2278	Luzerne	800-679-4135
Blair	CCBHO 800-553-7499	Lycoming	CCBHO 800-553-7499	Blair	800-458-5552	Lycoming	800-222-2468
Bradford	CCBHO 800-553-7499	McKean	CCBHO 800-553-7499	Bradford	800-242-3484	McKean	866-282-4968
Bucks	MBH 888-207-2911	Mercer	VBH 877-615-8503	Bucks	888-795-0740	Mercer	800-570-6222
Butler	VBH 877-615-8503	Mifflin	CCBHO 800-553-7499	Butler	866-638-0598	Mifflin	800-348-2277
Cambria	MBH 888-207-2911	Monroe	CCBHO 800-553-7499	Cambria	888-647-4814	Monroe	888-955-6282
Cameron	CCBHO 800-553-7499	Montgomery	MBH 888-207-2911	Cameron	866-282-4968	Montgomery	215-542-7433
Carbon	CCBHO 800-553-7499	Montour	CCBHO 800-553-7499	Carbon	800-990-4287	Montour	800-632-9063
Centre	CCBHO 800-553-7499	Northampton	MBH 888-207-2911	Centre	814-355-6807	Northampton	888-253-8333
Chester	CCBHO 800-553-7499	Northumberland	CCBHO 800-553-7499	Chester	877-873-8415	Northumberland	800-632-9063
Clarion	CCBHO 800-553-7499	Perry	PC 888-722-8646	Clarion	800-672-7116	Perry	800-632-9063
Clearfield	CCBHO 800-553-7499	Philadelphia	CBH 888-545-2600	Clearfield	800-822-2610	Philadelphia	877-835-7412
Clinton	CCBHO 800-553-7499	Pike	CCBHO 800-553-7499	Clinton	800-206-3006	Pike	866-681-4947
Columbia	CCBHO 800-553-7499	Potter	CCBHO 800-553-7499	Columbia	800-632-9063	Potter	800-800-2560
Crawford	VBH 877-615-8503	Schuylkill	CCBHO 800-553-7499	Crawford	800-210-6226	Schuylkill	888-656-0700
Cumberland	PC 888-722-8646	Snyder	CCBHO 800-553-7499	Cumberland	800-632-9063	Snyder	800-632-9063
Dauphin	PC 888-722-8646	Somerset	PC 866-773-7891	Dauphin	800-309-8905	Somerset	800-452-0241
Delaware	MBH 888-207-2911	Sullivan	CCBHO 800-553-7499	Delaware	866-450-3766	Sullivan	800-242-3484
Elk	CCBHO 800-553-7499	Susquehanna	CCBHO 800-553-7499	Elk	866-282-4968	Susquehanna	866-278-9332
Erie	CCBHO 800-553-7499	Tioga	CCBHO 800-553-7499	Erie	800-323-5579	Tioga	800-242-3484
Fayette	VBH 877-615-8503	Union	CCBHO 800-553-7499	Fayette	800-321-7433	Union	800-632-9063
Forest	CCBHO 800-553-7499	Venango	VBH 877-615-8503	Forest	800-222-1706	Venango	814-432-9767
Franklin	PC 866-773-7917	Warren	CCBHO 800-553-7499	Franklin	800-632-9063	Warren	877-723-9456
Fulton	PC 866-773-7917	Washington	VBH 877-615-8503	Fulton	800-999-0478	Washington	800-331-5058
Greene	VBH 877-615-8503	Wayne	CCBHO 800-553-7499	Greene	877-360-7433	Wayne	800-662-0780
Huntingdon	CCBHO 800-553-7499	Westmoreland	VBH 877-615-8503	Huntingdon	800-817-3383	Westmoreland	800-242-2706
Indiana	VBH 877-615-8503	Wyoming	CCBHO 800-553-7499	Indiana	888-526-6060	Wyoming	866-278-9332
Jefferson	CCBHO 800-553-7499	York	CCBHO 800-553-7499	Jefferson	800-648-3381	York	800-632-9063
Juniata	CCBHO 800-553-7499			Juniata	800-348-2277		

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