

2025
VOLUME 3

Provider Newsletter



In this issue

Click on the topic to learn more

- Pediatric eConsults available for education based insights
- Provider data submission best practices
- Grievances submitted by providers
- Reminder when submitting an appeal
- Complaints, grievances and appeals address reminder
- Utilization Management (UM)
- Pharmacy updates on our website
- Pharmacy formulary access
- Important formulary updates
- How our Quality Practice Liaisons (QPL) make an impact
- PH 95 Category
- Upcoming member events
- Quick Reference Guide

We have extended the pilot program for S.M.I.L.E.

Summer Medical Initiative for Lasting Enamel promotes topical fluoride varnish application in the PCP office

This pilot program developed by Aetna Better Health® Kids has been extended to run through December 31st, 2025. All CHIP PCP providers (PCP, PAs, CRNPs) who submit topical fluoride CPT 99188 claims for CHIP enrollees are eligible to participate.*

Providers who submit claims with CPT 99188 for CHIP enrollees during this timeframe are eligible for an additional \$10. Providers no longer need to complete and submit certification in order to be reimbursed for topical fluoride application CPT 99188.

We encourage your participation in this new way to make heathier happen together.

Call us at **1-866-638-1232** for details.

*Does not apply to FQHC/RHCs.



[AetnaBetterHealthKidsPA.com](https://www.aetna.com/betterhealthkids)

Pediatric eConsults available for education based insights

Aetna Better Health Kids launched a no-cost program with the leading eConsult platform RubiconMD, connecting you to a variety of pediatric specialists via eConsult.

eConsults are asynchronous conversations between a primary care team and specialist. They can help optimize patient care plans and improve access to specialty care. Today, CHIP providers can submit eConsults for many specialties relevant to your patients including:

- Cardiology
- Dermatology
- Endocrinology
- Hematology/Oncology
- Psychiatry

There is no charge to the patient or practice for submitting an eConsult.

It's easy to get started

The first step is getting set up with a RubiconMD eConsult account. Once you have an account, after meeting with an Aetna Better Health Kids member and deciding an educational e-consult with a pediatric specialist is needed, you can submit an eConsult.

A top-tier trained and board-certified specialist will receive your eConsult submission, review the case, and write a detailed response. Once you receive valuable insights to help inform your patients' care, you may choose to incorporate the recommendation into the care plan.

If a specialist referral is still medically necessary after the eConsult, you may make a referral to one of Aetna Better Health Kids network specialists.

For questions or to set up an account

Please reach out to your provider relations department via email at ProviderRelationsPA1@Aetna.com or email victoria@rubiconmd.com for more information.

Provider data submission best practices

When submitting requests to update data via PAABHProviderRelationsMailbox@Aetna.com, include in the email subject line:

- The state abbreviation (i.e., PA)
- TIN (if group)/group name (if multiple providers)
- Provider NPI/provider name (if one provider)
- Action (Add/Term/Update)

This will ensure proper routing and updates are made correctly when received within general mailboxes.

Grievances submitted by providers

When filing a grievance on behalf of a member, please refer to Chapter 14 of our Provider Manual: Member Complaints, Grievances and DHS Fair Hearings Overview.

Providers can file a grievance on behalf of a member if the member provides their consent in writing to do so. Requests received without the written consent are not eligible for review.

Aetna Better Health Kids Complaint, Grievance & Appeal Department will mail the member a consent form. If the form is not returned by the member within 25 calendar days, the request will be closed as ineligible for review.

If you have any questions regarding this process, please contact your Provider Experience Representative.

Reminder when submitting an appeal

When submitting an appeal to Aetna Better Health Kids, please include:

- The claim being appealed
- A letter stating the reason you feel the claim was not paid accurately
- Documentation to support the statement. The documentation should be relevant to the statement. If the relevant information can't be extracted from the records, the provider should include the page numbers for us to review.

Following these simple steps will make the appeal process run smoothly and help get a quicker resolution to the appeal.

Complaints, grievances and appeals address reminder

There is a different address for a member CGA versus a provider CGA.

Member appeals

Aetna Better Health® Kids
Complaints, Grievances and Appeals
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

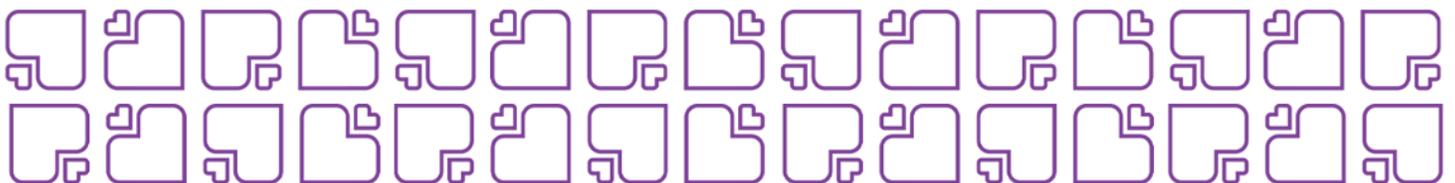
Provider appeals

Aetna Better Health® Kids
Complaints, Grievances and Appeals
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

Reach us here if you prefer to email or fax:

PAMedicaidAppeals&Grievance@Aetna.com

Fax: 860-754-1757



Utilization Management (UM)

To support UM/prior authorization decisions, we use nationally recognized, and/or community developed, evidence-based criteria, which are applied based on the needs of individual members and characteristics of the local delivery system.

UM/prior authorization staff members that make medical necessity determinations are trained on the criteria and the criteria is established and reviewed according to Aetna Better Health Kids policies and procedures. For prior authorization of elective inpatient and outpatient medical services, we use the following medical review criteria.

Criteria sets are reviewed annually for appropriateness to Aetna Better Health Kids population needs and updated as applicable when nationally or community-based clinical practice guidelines are updated. The annual review process involves appropriate practitioners and providers in developing, adopting, or reviewing criteria.

The criteria are consistently applied, consider the needs of the members, and allow for consultations with requesting practitioners and providers when appropriate.

These are to be consulted in the order listed:

- Criteria required by applicable state or federal regulatory agency
- MCG guidelines
- Aetna Medicaid Pharmacy Guidelines
- Level of Care Utilization System behavioral health services for adults
- American Society of Addiction Medicine substance use services
- Aetna Clinical Policy Bulletins
- Aetna Clinical Policy Council Review

Medical, behavioral health management criteria and practice guidelines are disseminated to all affected providers upon request and, upon request, to members and potential members. A free copy of individual guidelines pertaining to a specific case is available for review upon request by calling **1-866-638-1232**.

Need help? Visit our [website](#), then, select each section to learn about:

- Member Rights and Responsibilities
- UM, including how to reach UM staff by phone and after hours, how we make decisions
- Our affirmative statement about incentives
- How to obtain UM criteria
- Clinical Practice and Preventive Guidelines
- Medical Record Review Standards
- Our Care Management programs and referrals
- Available language services and TTY for referrals

Pharmacy updates on our website

You can access the formulary, view step therapy restrictions, quantity limits and submit prior authorization. Visit our [provider pharmacy website](#) and/or our [provider manual](#) for updates and information on:

- Pharmacy services, including covered or preferred drugs (formulary) and any restrictions
- Pharmacy procedures and how to submit a prior authorization
- An explanation of quantity limits
- How to submit information for an exception request
- Process for generic substitution, therapeutic interchange and step therapy

Pharmacy formulary access

You can access the formulary, view step therapy restrictions, quantity limits and submit prior authorization.

Information on our [formulary](#) can be found under the header “Covered medications.”

This direct link provides access to the Aetna Better Health Kids website for viewing the formulary by selecting either Formulary (PDF) or utilize the online search tool.

Please note, the formulary can change frequently, please reference the website for the most up to date information and remember to review for any restriction or recommendations before prescribing a medication.

If you have questions about the formulary, call us at **1-866-638-1232** or visit our website.

Important formulary updates

Effective 5/1/2025, Yesintek, a biosimilar to Stelara was added to the Aetna Better Health Kids formulary. Brand Stelara is non-preferred.

Effective 2/1/2025, Asmanex HFA and Asthma Twisthaler were added to the Aetna Better Health Kids formulary. Qvar is non-preferred. Please see formulary for a complete listing of formulary alternatives.

Please access our [formulary](#) for a complete list of drug formulary updates.

How our Quality Practice Liaisons (QPL) make an impact

At Aetna Better Health Kids, our quality practice liaisons work with our provider groups throughout the state of Pennsylvania to help health care practices increase HEDIS and performance measure rates, decrease gaps in care, provide quality education, and facilitate high-quality care for members.

The QPL program aims to improve communication with provider groups and increase their satisfaction with the health plan. We appreciate your commitment to our member’s oral and overall health! If you would like to request QPL assistance at your practice, reach out to Catherine Evans at **267-640-9471** or evansc3@Aetna.com.



PH 95 Category

What is PH 95?

PH-95 is a Medicaid category specifically for children with disabilities or delays. It allows eligible children to receive Medicaid benefits regardless of their family's income. PH-95 ensures that children with disabilities in Pennsylvania have access to necessary healthcare services through Medicaid.

Who is eligible?

- A Pennsylvania resident;
- Lawfully present and can provide or apply for a Social Security Number; and
- Disabled according to Social Security Administration (SSA) standards. Disabilities include physical, developmental, mental health, or intellectual.

The SSA's definition of a disability for a child is:

A physical or mental condition or a combination of conditions, that results in "marked and severe functional limitations." This means that the condition(s) must seriously limit the child's activities; and the child's condition(s) must be permanent or is expected to last at least 12 months.

Additional information about SSA Childhood diagnoses can be found at www.ssa.gov.

What are providers responsible to do ?

ABH Kids Care Management department will send you a letter with the PA 1960 form to be completed. Once the form is completed and faxed back to the plan, the plan forwards a packet including the parents release of information consent to the DHS Medical Review Team (MRT).

The DHS team will review all documents and forward their decision to the local CAO for Medicaid enrollment and notify ABH Kids.

Completing the PA 1960 form as soon as possible supports children with Special Needs to access expanded services for their conditions through Medicaid coverage. You may also obtain the form [Physician Certification for Child with Special Needs](#) here.

If you have any questions, contact our Care Management department at **1-855-346-9828** or email questions to SNUCoordinator@Aetna.com.



2025

Quick Reference Guide



Aetna Better Health® Kids (CHIP)

Administrative Office PO Box 81040 5801 Postal Road Cleveland, OH 44181	1-866-638-1232
Pharmacy: CVS Caremark	1-866-638-1232
Eligibility Verification (by phone) Claim Submission Address/Payor ID Aetna Better Health® Kids P.O. Box #982973 El Paso, TX 79998-2973 Emdeon Payor ID: 23228	1-800-822-2447
Prior Authorization AetnaBetterHealth.com/Pennsylvania/providers/materials-forms	1-866-638-1232
Provider Manual AetnaBetterHealth.com/Pennsylvania/providers/manual	
Website AetnaBetterHealth.com/Pennsylvania	
Availity Provider Portal AetnaBetterHealth.com/Pennsylvania/providers/portal	
Peer to Peer Review	1-833-459-1998
Member Services	1-800-822-2447
Claims Customer Service Contact (CICR)	1-866-638-1232
Language Line Services	1-800-385-4104

Complaints, Grievances & Appeals

PAMedicaidAppeals&Grievance@Aetna.com

PO Box 81040
5801 Postal Road
Cleveland, OH 44181
Fax: **1-860-754-1757**

Real Time support via Emdeon

- Claim Inquiry & Response (276/277)
 - Eligibility Inquiry & Response (270/271)
 - Health Service Review Inquiry & Response (278)
- Emdeon Payor ID: 23228

EFT / ERA

[AetnaBetterHealth.com/Pennsylvania/providers/materials-forms](https://www.aetna.com/better-health/pennsylvania/providers/materials-forms)

Click on the Electronic Fund Transfer (EFT)/Electronic Funds Remittance Advice (ERA) tab

Vision: Superior Vision **1-866-819-4298**

Provider Relations, Contracting & Updates **1-866-638-1232**

PaABHProviderRelationsMailbox@Aetna.com

Fax: **1-860-754-5435**

Special Needs Unit **1-855-346-9828**

Dental: SKYGEN Provider Services **1-800-508-4892**
[skygenusa.com](https://www.skygenusa.com)

Pennsylvania Children's Health Insurance Program (CHIP) Resources

CHIP Helpline	1-800-986-5437
Dept. of Human Services Helpline	1-800-692-7462
OMAP – HealthChoices Program: Complaint, Grievance & Fair Hearings PO Box 2675 Harrisburg, PA 17105-2675	1-800-798-2339
Eligibility Verification System (EVS) DHS.pa.gov/providers/Providers/Pages/EVI.aspx	1-800-766-5387
Provider Inquiry Hotline	1-800-537-8862 (Prompt 4)
Pharmacy Hotline	1-800-537-8862 (Prompt 1)

Provider Enrollment Applications/Changes **1-800-537-8862**
(Prompt 1)

Outpatient Providers Practitioner Unit **1-800-537-8862**
(Prompt 1)

Provider Compliance Hotline **1-800-333-0119**

CHIP County Assistance Office

dhs.pa.gov/Services/Assistance/Pages/CAO-Contact.aspx

COMPASS Chip Benefit Enrollment

compass.state.pa.us/Compass.Web/public/cmphome

Welfare Fraud TipLine **1-844-347-8477**