

2026
VOLUME 1

Provider Newsletter



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Strengthening follow-up after mental health-related ED visits

Supporting safer, more connected care for children and adolescents

Why timely follow-up matters

Each year, *1 in 6 children experiences a mental health disorder* (NCQA). Emergency Departments often serve as the first point of contact during a behavioral health crisis—but recovery doesn't end at discharge. The period immediately following an ED visit is one of the most vulnerable times for a child or teen.

According to CMS, *timely behavioral health follow-up reduces suicidal ideation, repeat crises, and readmissions*. Consistent, coordinated care improves stability, increases treatment engagement, and supports long-term wellness.

As a trusted partner in care, *you play a critical role in ensuring that members remain connected to the right supports at the right time*.

Aetna Better Health® Kids will support your practice by faxing you a notification for members needing outreach based on near real time (24-48 hrs.) Health Information Exchange data for ED visits.



AetnaBetterHealthKidsPA.com
1-800-822-2447 (TTY: 711)



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.



Aetna Better Health® Kids
A CHIP Health Plan

PCP expectations

Schedule follow-up within 7 days

A visit within 7 days of ED discharge is strongly associated with improved outcomes and reduced risk of crisis recurrence. Offering virtual appointments, same week availability, or extended hours can help families stay engaged.

Conduct proactive outreach

A brief post-discharge check-in can make a meaningful difference. Outreach helps:

- Reinforce discharge recommendations
- Identify emerging concerns
- Confirm appointments
- Support safety planning

Coordinate care across the member's support network

Collaboration ensures continuity and reduces fragmentation. Communicate with:

- Behavioral health specialists
- Primary care providers
- School-based teams
- Community supports or case managers

Shared information leads to consistent treatment planning and reduces gaps in care.

Review and Update the Treatment Plan

A recent crisis often indicates a need to re-evaluate goals, medications, therapy frequency, or community supports. Adjusting plans early helps stabilize the member and supports long-term recovery.

Encourage Ongoing Engagement

Your reassurance matters. Providers can motivate families to stay connected with:

- Therapy
- Medication management
- Peer services
- Community resources

Many caregivers feel overwhelmed — your guidance helps normalize ongoing support.

Our Commitment to You

Aetna Better Health is dedicated to partnering with providers to improve behavioral health outcomes for children and adolescents. Together, we can reduce preventable ED use, strengthen follow-up care, and promote safety, stability, and wellness.

If you need assistance connecting members to behavioral health resources or community supports, please contact our Enhanced Member Service Unit at **1-855-346-9828** or your Aetna Better Health® Provider Engagement representative at **1-866-638-1232**.

Attention PCP providers!

We are proud to formally announce the program:

S.M.I.L.E - Supported Medical Initiative for Lasting Enamel

A program promoting topical fluoride application in the medical setting

What providers are eligible?

All PCP providers (PCP, PAs, CRNPs) who submit topical fluoride CPT 99188 claims for children ages one to four years old, are eligible to participate.

Is certification still needed for CPT 99188?

No. Providers no longer need to complete and submit certification in order to bill for topical fluoride application CPT 99188.

Provider Incentives

Providers who submit claims for children ages one to four years old, using code CPT 99188, are eligible for an additional \$10.

Contact Information

We thank you for your continued participation in our network and for the quality treatment you provide to your members. For other provider questions please call Provider Engagement at **1-866-638-1232**.

Cultural competency

Cultural competency is the ability of individuals, as reflected in personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual and behavioral characteristics of a community or population.

Cultural competency is also the ability to translate this understanding systematically to enhance the effectiveness of health care delivery to diverse populations.

At Aetna Better Health®, we promote cultural competency and education to help eliminate health care inequalities. We encourage providers to treat all members with dignity and respect (as required by federal law)* including honoring members' beliefs, being sensitive to cultural diversity, and fostering respect for members' cultural backgrounds.

What does it mean to be culturally competent?

Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures.

Cultural competence encompasses:

- Being aware of one's own world view
- Developing positive attitudes towards cultural differences
- Gaining knowledge of different cultural practices and world views

What are the keys to being culturally competent?

Awareness: Being aware of your own individual biases and reactions to people who are of a culture or background significantly different from your own. By being aware of your own internal biases you can begin to work towards other aspects of cultural competency.

Attitude: The significance of attitude in cultural competence is to delineate the difference between just being aware of cultural differences and actively analyzing your own internal belief systems and developing awareness.

Knowledge: Research into human behavior has shown that our values and beliefs about equality may not line up with our actual behaviors and further we often are ignorant as to the degree of difference between our beliefs and our actions. It has been shown that people who may test well regarding having low prejudices may in fact act with great prejudice when interacting with other cultures. Understanding this disconnect is why knowledge is considered a key aspect of developing one's own cultural competence.

Skills: This component is about taking practices of cultural competency and repeating them until they become integrated into one's daily behaviors.

The most important aspect of the skills component is having an excellent grasp on effective and respectful communication whether within an organization or between individuals. For example, an often-overlooked aspect of communication is body language and the sometimes-extreme variation in the meaning of gestures between one culture and another.

Integration

Once you begin to integrate all four components into your day to day behaviors, your degree of cultural competence will increase dramatically. By being aware of your internal learned biases, having an attitude that reflects a desire to deeply understand your own behavior, showing a high degree of knowledge of the subject and implementing the skills of cultural competency, you'll soon move from the realm of theory and learning to that of active practice.

As the world becomes more global, the need for a high degree of cultural competence will only grow and in few fields will this be a more important trait than in that of Human Services.

Developing your own cultural competency will help you to become the most effective human services worker possible and will greatly increase your chances of gaining and maintaining employment in the field.

Questions?

We're here to help. Just contact Provider Engagement at **1-866-638-1232**. Please visit the U.S. Department of Health and Human Services website ([HHS.gov](https://www.hhs.gov)) for more information and training courses.

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*Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, and national origin in programs, and activities receiving federal financial assistance, such as Medicaid.

References

- MinorityHealth. (n.d.). Education. Retrieved from: [ThinkCulturalHealth.hhs.gov/education](https://www.thinkculturalhealth.hhs.gov/education).
- Office of Adolescent Health. (2018, August 28). Cultural Competence. Retrieved from: [HHS.gov/ash/oah/resources-and-training/tpp-and-paf-resources/cultural-competence/index.html](https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/cultural-competence/index.html).
- Understanding Cultural Competency. (n.d.). Retrieved from: [HumanServicesEdu.org/cultural-competency.html](https://www.human-services.edu/cultural-competency.html).

Aetna CARES!

The ABH PA Kids Community Development Team and Aetna's Community CARES Team* collaborate to address health related social needs throughout the Commonwealth on regular basis. Solving barriers to Social Determinants of Health issues benefits not only our members, but the community at large. Because proper nutrition plays such a critical role in improving health outcomes, we contribute regularly to Food Banks and other CBOs that address food insecurity. When SNAP benefits were curtailed last fall, that crisis affected our nonprofit community partners, creating both a financial and physical burden to them. Staff and volunteers worked countless hours to ensure that those in need would not go hungry. Aetna not only stepped up to provide emergency funding, but employee volunteers rolled up our sleeves and provided hands-on support. We reached out to our partners to learn about the most critical needs they were facing. Aetna is grateful that the support we provided, be it packing food boxes, assisting with distribution, organizing pantries, or providing support for holiday community meals, made such a positive impact on the health of our communities.

*Community CARES (Collaboration and Real Engagement Solutions) is the boots-on-the-ground presence of the National Social Impact Team, using a data-driven approach to collaborate and find innovative solutions to SDoH needs throughout our local communities in markets throughout the country.

Photo shows colleagues at St. Barnabas Community Resource Center in West Philly, helping to organize their market pantry for incoming clients.



You are invited!

The Bureau of Immunizations (BOI) is hosting the 30th Annual, Statewide Pennsylvania Immunization Conference, also known as PIC 2026.

The Hershey Lodge • 325 University Drive, Hershey, PA 17033

Thursday, June 18, 2026 • 8:30 AM – 4:30 PM

Join us for the 30th Pennsylvania Immunization Conference jointly sponsored by the Pennsylvania Department of Health and Penn State College of Medicine.

SAVE THE DATE
THURSDAY, JUNE 18, 2026

IN-PERSON LOCATION
Hershey Lodge
325 University Drive
Hershey, PA 17033

INTERNET LIVE COURSE
This training will be offered as a live online course, with details provided to registered participants in advance of the event.

PIC 2026 is an opportunity for professionals to earn continuing education credits, learn, network, and become more involved with immunizations. Vaccines are safe and effective!

Begin to check into the conference at 7:30 AM.

Have breakfast, visit the exhibits, and network. Once registration opens, you may choose to attend in-person or virtually (live course).

Agenda will include national, state, and local subject matter expert (SME) speakers with immunization-focused topics across the lifespan.

Continuing medical education (CME)/Units, including nursing and pharmacy credits, will be available.

For more information and to apply to be a conference exhibitor, please visit the [30th Pennsylvania Immunization Conference \(PIC 2026\)](#).

You can share this email by using the following link: <https://conta.cc/4ikkqRg>.

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 from providers 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

Please direct member and provider appeals to the correct address as noted below:

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

UM 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
- 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](tel:1-866-638-1232). Providers may also access the criteria on the Availity provider portal.

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](tel:1-866-638-1232) or visit our website.

How our practice transformation advisors (PTAs) make an impact

At Aetna Better Health Kids, our practice transformation advisors 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 PTA program aims to improve communication with provider groups and increase their satisfaction with the health plan. We appreciate your commitment to our member’s overall health! If you would like to request PTA assistance at your practice, reach out to Catherine Evans at [267-640-9471](tel:267-640-9471) or evansc3@Aetna.com.

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.

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.



2026

Quick Reference Guide



Aetna Better Health® Kids
A CHIP Health Plan



Aetna Better Health® Kids (CHIP)

Administrative Office [1-866-638-1232](tel:1-866-638-1232)

PO Box 81040
5801 Postal Road
Cleveland, OH 44181

Pharmacy: CVS Caremark [1-866-638-1232](tel:1-866-638-1232)

Eligibility Verification (by phone) [1-800-822-2447](tel:1-800-822-2447)

Claim Submission Address/Payor ID

Aetna Better Health® Kids
P.O. Box #982973
El Paso, TX 79998-2973
Emdeon Payor ID: 23228

Prior Authorization [1-866-638-1232](tel:1-866-638-1232)

AetnaBetterHealth.com/Pennsylvania/providers/materials-forms

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](tel:1-833-459-1998)

Member Services [1-800-822-2447](tel:1-800-822-2447)

Claims Customer Service Contact (CICR) [1-866-638-1232](tel:1-866-638-1232)

Language Line Services [1-800-385-4104](tel:1-800-385-4104)

Complaints, Grievances & Appeals

PA MedicaidAppeals&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

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

Vision: Superior Vision [1-866-819-4298](tel:1-866-819-4298)

Provider Relations, Contracting [1-866-638-1232](tel:1-866-638-1232)

& Updates

PaABHProviderRelationsMailbox@Aetna.com

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

Special Needs Unit [1-855-346-9828](tel:1-855-346-9828)

Dental: SKYGEN Provider Services [1-800-508-4892](tel:1-800-508-4892)

skygenusa.com

Pennsylvania Children's Health Insurance Program (CHIP) Resources

CHIP Helpline [1-800-986-5437](tel:1-800-986-5437)

Dept. of Human Services Helpline [1-800-692-7462](tel:1-800-692-7462)

OMAP – HealthChoices Program: [1-800-798-2339](tel:1-800-798-2339)

Complaint, Grievance & Fair Hearings

PO Box 2675
Harrisburg, PA 17105-2675

Eligibility Verification System (EVS) [1-800-766-5387](tel:1-800-766-5387)

DHS.pa.gov/providers/Providers/Pages/EVI.aspx

Provider Inquiry Hotline [1-800-537-8862](tel:1-800-537-8862)

(Prompt 4)

Pharmacy Hotline [1-800-537-8862](tel:1-800-537-8862)

(Prompt 1)

Provider Enrollment [1-800-537-8862](tel:1-800-537-8862)

Applications/Changes

(Prompt 1)

Outpatient Providers [1-800-537-8862](tel:1-800-537-8862)

Practitioner Unit

(Prompt 1)

Provider Compliance Hotline [1-800-333-0119](tel: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](tel:1-844-347-8477)