

A young boy in a grey jacket and brown pants holds a yellow and white umbrella over a smaller child in a grey jacket and dark pants. They are walking on a brick path in a park during a rain shower. The background is blurred, showing a wooden bench and trees.

# Aetna Better Health Webinar Series Prior Authorizations

**Provider Experience**  
Network Relations Team

Kim Hegginstaller, Network Relations Consultant

Michele James, Manager, Clinical Health Services and  
Prior Authorizations

Kelsey Sahi, Learning Content Developer & Facilitator,  
Client Engagement Services

**August 2021**

# Housekeeping

- All lines will be muted to reduce background noise
- Use the Q & A to submit any questions to ALL PANELISTS
- The presentation will be available on our website under Past Provider Education Webinars within a week and here is the link:  
<https://www.aetnabetterhealth.com/pennsylvania/providers/education>

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**As a team, we are committed to supporting our providers and working together toward positive outcomes for your patient, our member.**

— YOUR PROVIDER EXPERIENCE TEAM —



**Experience:**

La Shawn has been with Aetna for 3 years, but her healthcare background spans across 30 years. Her areas of expertise include Client Services, Physician Reimbursement, Provider Relations and Organizational Development. La Shawn is a natural leader experienced in client acquisition and relationship building with physicians and senior level hospital administrators.

**Territory:**

Abington, AbsoluteCare, Ampersand, CHOP, Drexel, Einstein, Jefferson, Tower Health

**More about La Shawn:**

La Shawn loves to be outdoors, visiting parks, horticultural centers and other places that appeal to her aesthetic appreciation of nature. She also enjoys reading, journaling and spending time with family, friends and colleagues.



# La Shawn Bailey

## Network Relations Manager

Email: [BaileyL2@aetna.com](mailto:BaileyL2@aetna.com)  
Phone: 267-993-4526



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# Prior Authorizations

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# Agenda

- Prior Authorization Process
- Prior Authorization Checklist
- Availity training – Prior Authorizations
- eviCore Prior Authorizations
- Questions

# Prior Authorization Process Flow

- Providers should submit all Prior Authorization requests through the Availity platform, to be covered later in this presentation
- The requests will be routed to the ABHPA Prior Authorization department for review and determination
- The Prior Authorization determination will be available within the Availity platform



# Forms on ABHPA Website

**aetna**  
Aetna Better Health® of Pennsylvania

English Español **A** **A** Log in Fraud & abuse Contact us

Search

Home Become A Member For Members **For Providers** Health & Wellness

**For Providers**

- COVID-19 Resources
- Join Our Network
- Forms
- Guidelines & Clinical Policies ▼
- Manuals
- Newsletters
- Notices
- Provider Experience Educational Resources**
- Pharmacy
- Opioid Use Disorder
- Dental (Oral Health)
- Portal
- Tobacco Cessation Resources

## Provider Education Resources

Below you will find resources to help you learn more about important processes, procedures and educational tools that will help to make your role easier!

### Provider Packet

- Aetna Better Health Contact Information +
- Billing and Claim Information +
- PROMISe Billing Requirements +
- Complaints, Appeals and Grievances +
- Early and Periodic Screening Diagnosis and Treatment (EPSDT) +
- Pharmacy Information +
- Program Initiatives +
- Provider Forms -**

**Online Practitioner Application Form** – [Click here](#) then click the Easily Submit an Online Application tab.

**Pharmacy Electronic Authorization** – [Click here](#) then click the Electronic Prior Authorization (EPA) tab.

**Practitioner Information Change Form** – [Click here](#) then click the Update your Information tab.

**Prior Authorization Checklist Form** – [Click here](#) then click the Prior Authorization tab.

**Prior Authorization Request Form** – [Click here](#) then click the Prior Authorization tab.



# Prior Authorization Request Form

[https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/packet/priorauthorization-form-ndccode\\_pa%2020102.pdf](https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/packet/priorauthorization-form-ndccode_pa%2020102.pdf)



# Administrative Tools

## Prior Authorization Request Form

You must have a valid PROMISe™ ID (i.e., participate in the Pennsylvania Medicaid programs) at the time the service is rendered in order for your claim to be paid. For more information, please visit [Promise.dpw.state.pa.us](http://Promise.dpw.state.pa.us). Please only submit this form with supporting clinical.

**SERVICE(S) REQUESTED:** Please PRINT LEGIBLY or TYPE.

MEMBER INFORMATION	
Name:	PCP Name:
DOB:	Other insurance:
Member ID#:	Other insurance Policy Number:
Gender (circle one): <input type="checkbox"/> M or <input type="checkbox"/> F	
PROVIDER INFORMATION (Ordering and/or Rendering Providers)	
<b>Ordering</b> Physician/Nurse Practitioner:	<b>Rendering</b> Provider/Facility/Physician:
Name:	Name:
Address:	Address:
Tel:	Tel:
<b>*Fax (REQUIRED):</b>	<b>*Fax (REQUIRED):</b>
Contact Person:	Specialty:
NPI:	NPI:
PROMISe ID:	PROMISe ID:
REQUIRED CLINICAL INFORMATION	
INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> HOME HEALTH <input type="checkbox"/> DME <input type="checkbox"/> PHYSICAL/OCCUPATIONAL/SPEECH THERAPY <input type="checkbox"/> OTHER <input type="checkbox"/>	
Diagnoses (list <b>CODES</b> & description):	
1.	3.
2.	4.
<b>*NDC Code (REQUIRED for pharmacy requests)</b>	
1.	3.
2.	4.
Procedure/service requested (list all CPT/HCPCS codes & descriptions required)	
1.	4.
2.	5.
3.	6.
Date(s) of service:	# of units/visits:
<b>For Home Health (shift care) ONLY:</b>	
Number of hours per day:	Number of days per week:
REQUIRED DOCUMENTATION	
Please attach supporting clinical information (e.g., Plan of Care, medical records, lab reports, letter of medical necessity, progress notes, etc.). <b>In order for the member to receive requested services in a timely manner, be sure to provide ALL supporting documentation with the request. IF THIS IS A REQUEST FOR THERAPY, PLEASE USE A SEPARATE FORM FOR EACH SERVICE!</b> (e.g., one form for PT with all codes and clinical, one form for OT with all codes and clinical etc.)	

**Questions?** Call Provider Relations at 1-866-638-1232.

FAX form to: 1-877-363-8120.



Aetna Better Health® of Pennsylvania

Aetna Better Health® Kids

[AetnaBetterHealth.com/Pennsylvania](http://AetnaBetterHealth.com/Pennsylvania)

PA 18-09-02 (rev 09/20)

# Prior Authorization Checklist

[HTTPS://WWW.AETNABETTERHEALTH.COM/PENNSYLVANIA/ASSETS/PDF/PROVIDER/PACKET/PRIOR%20AUTHORIZATION%20CHECKLIST%2020101.PDF](https://www.aetna.com/betterhealth/pennsylvania/assets/pdf/provider/packet/prior%20authorization%20checklist%2020101.pdf)



## 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:

[AetnaBetterHealth.com/Pennsylvania/providers/forms](https://www.aetna.com/betterhealth/pennsylvania/providers/forms)

Fax the completed Prior Auth form to:

**1-877-363-8120**

### Questions?

For questions call Provider Relations at

**1-866-638-1232.**



# Prior Authorization Contact Information

**Phone: 1-866-638-1232**

**Fax: 1-877-363-8120**



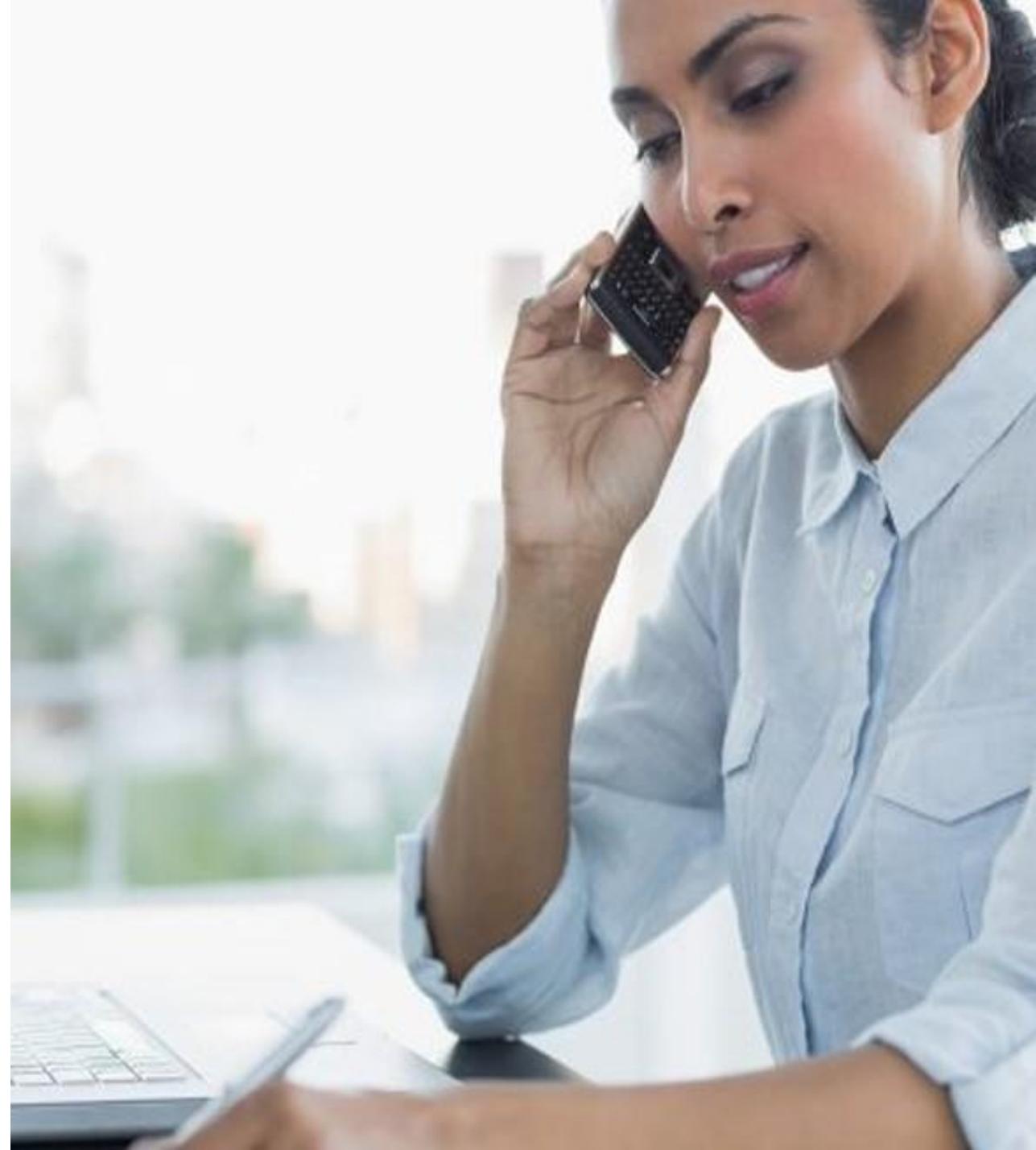
# Provider Portal; Authorization Tips

- If you are submitting an electronic auth request but the request is not completed correctly this will result in your request not processing in the Availity system and will not reach the Utilization Management Team for a decision review
- If your request is not completed correctly, the ABH staff are not permitted to correct your request. If this happens the ABH staff will reach out to you to inform you of the situation and request that you resubmit the request correctly or cancel your request
- The clock will not start on a decision until the Provider correctly submits the authorization request
- Availity is only intended as an initial authorization request tool
- Auth review status and claims payment information can be accessed through Availity
- ABH Prior Authorization Checklist

# Availity Prior Authorization Training

<https://availitylearning.learnupon.com/r/6ksw6rw86rh2vhv1sovh08u5ijsvz21>

PRESENTED BY KELSEY SAHI



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# eviCore Prior Authorizations

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# eviCore Prior Authorizations

## Radiology (x-ray) services

Angiograms, angioplasty, embolization, bone densitometry, MRI/MRA, PET scans, CT scans, discogram, myelogram, electromyography, other diagnostic radiology procedures and routine x-rays, including portable, are covered. Refer to the prior authorization grid by accessing our secure provider portal at [AetnaBetterHealth.com/PA](https://AetnaBetterHealth.com/PA)

Log into [evicore.com/pages/providerlogin.aspx](https://evicore.com/pages/providerlogin.aspx)

Phone: 1-888-693-3211

Fax an eviCore health care request form (available online) to 1-844-82AETNA



# Questions?

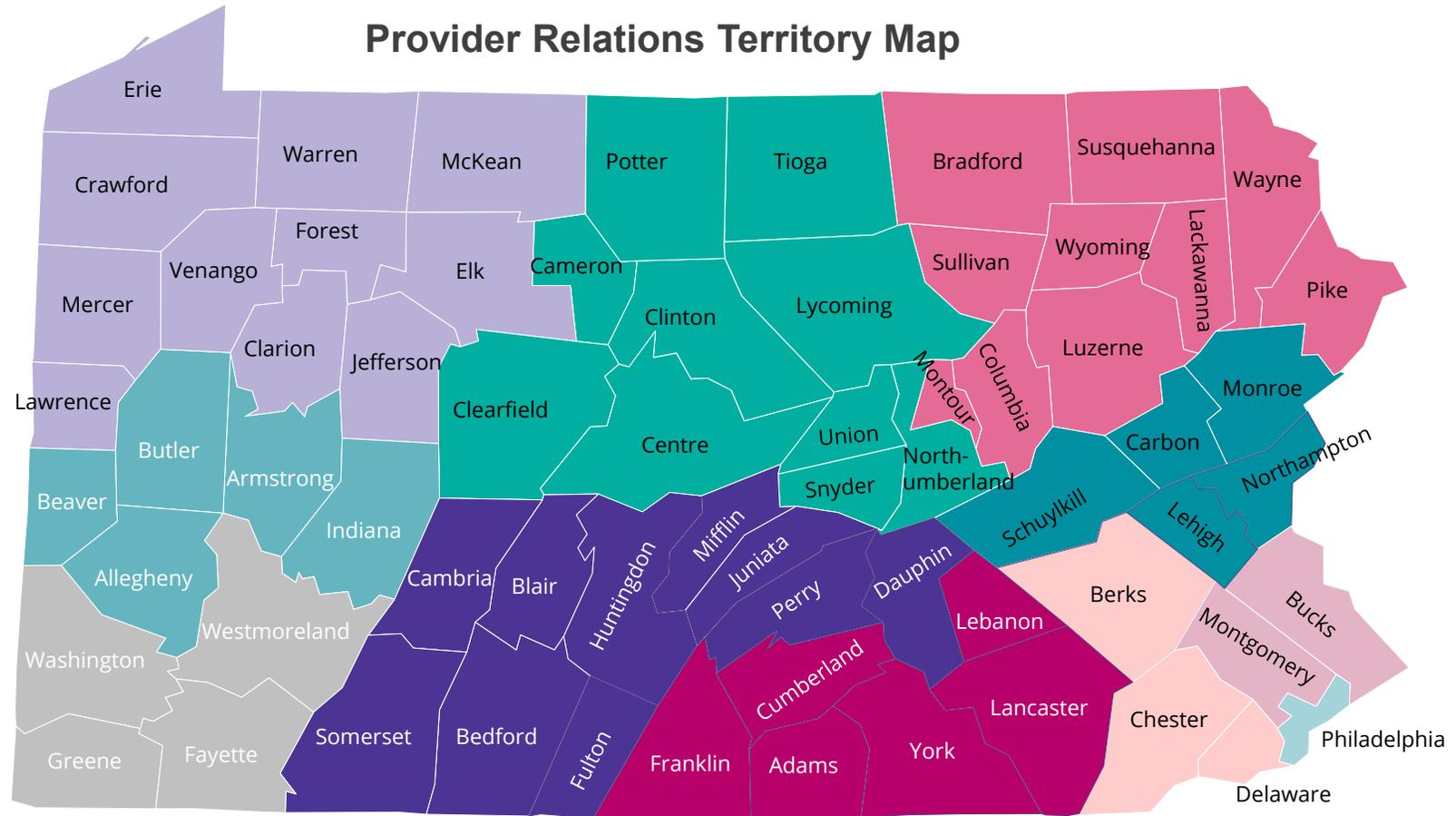


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# Provider Relations Territory Information

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# Provider Relations Territory Map



Sherry Flannery flannerys1@aetna.com	Melinda Roach roachm3@aetna.com	Kim Heggenstaller heggenstallerk@aetna.com	Vacant
Vacant	Jacelyn Cressman cressmanj@aetna.com	Kimberly Young youngk7@aetna.com	Kari Heggs heggsk@aetna.com
Vacant	Michelle Bogard bogardm@aetna.com	Michael Quinn quinnm2@aetna.com	Teresa Washington-FQHC's wasingtont5@aetna.com

# Large Group & Hospital Assignments

Provider Group	Representative
Advocare Pediatrics	Kari Heggs
Allegheny Health Network	vacant
Children's Hospital of Phila.	La Shawn Bailey
Coordinated Health	Jacelyn Cressman
Crozer Keystone	Kari Heggs
CVS MinuteClinic	Kari Heggs
Detweiler Family Medicine	Kari Heggs
Drexel Medicine	La Shawn Bailey
Einstein Health Network	La Shawn Bailey
FQHC's	Teresa Washington
Geisinger	Kim Heggenstaller
Jefferson Health	La Shawn Bailey
Lehigh Valley Health Network	Jaclyn Cressman
Trinity (Mercy) Health	Kari Heggs

Provider Group	Representative
Nemours	Jacelyn Cressman
Penn State/Hershey Health	Mindy Roach
Phoenix Rehab & Health Services, Inc.	Michael Quinn
Quest Diagnostics	Kari Heggs
St. Christopher's	La Shawn Bailey
St. Mary Medical Center	Kari Heggs
Tower Health	La Shawn Bailey
UPMC Cole	Melinda Roach
UPMC Pinnacle	Michelle Bogard
UPMC Susquehanna	Melinda Roach
UPMC – Western PA	Melinda Roach
WellSpan Health	Michelle Bogard
West Virginia University	Sherrie Flannery

# Satisfaction Survey

The annual ABH of PA provider satisfaction survey has begun.

If you have been randomly selected to take the survey, please take a moment to share your feedback.

We would appreciate your participation.



# Important Links

## Spring/Summer Newsletter

[https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/notices/2021\\_provider\\_newsletter\\_spring\\_summer.pdf](https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/notices/2021_provider_newsletter_spring_summer.pdf)

## Quick Reference Guide

<https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/packet/2019%20Quick%20Reference%20Guide%2020091.pdf>

## Provider Experience Education Resources

<https://www.aetnabetterhealth.com/pennsylvania/providers/education>

## Network Relations Consultant Territory Map

[https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/Network%20Relations%20Consultant%20Territory%20Map\\_UA.pdf](https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/Network%20Relations%20Consultant%20Territory%20Map_UA.pdf)



