



Provider Newsletter

In this issue:

- [Check Out Our Enhanced Benefits](#)
- [Grievances Submitted by Providers](#)
- [Reminder When Submitting an Appeal](#)
- [Provider Education Webinar Series](#)
- [Complaints, Grievances and Appeals Address](#)
- [Prior Authorization, Concurrent Review and Retrospective Review Criteria](#)
- [Advance Directives](#)
- [How Our Quality Practice Liaisons \(QPL\) Make an Impact](#)
- [Community Partner Spotlight](#)
- [Aetna Better Health Kids Sponsors Latino Health Summit](#)
- [Help Patients Get the Most Out of Each Well-Child Visit](#)
- [Help Ensure Your Patients Don't Lose Their Coverage](#)



Submissions for Rosters and Changes

Use the online [Practitioner Information Change Form](#) to submit all rosters and changes (i.e. locations additions, name changes, terminations etc.). Or you can use the [downloadable form](#).

Please use the following email to make these changes: PAABHProviderRelationsMailbox@Aetna.com.

This is the only mailbox you should utilize for these submissions. When you email, we will send an email with a case number. Please keep the case number and refer it when requesting an update.

- [2023 Annual Medical Review](#)
- [Billing of Members](#)
- [Learn More About Availability](#)
- [Pharmacy Formulary Access](#)
- [Important Formulary Updates](#)
- [Pharmacy Update](#)
- [UM MCG Edition Update](#)
- [2023 Quick Reference Guide](#)

Check Out Our Enhanced Benefits



ONLY for Aetna Better Health® Kids members! Scan the QR Code for details.

Be sure to share this exclusive Aetna Better Health Kids information with our members.



OTC Benefit

Get \$30 in OTC products every month for each member and delivered at no cost



Kids' Sports Physical

No cost sports physical exam



Medication Lockbox

Keep medications safely locked away from kids



Enhanced Vision Benefit

\$180 off fashion frames



Medically Tailored Meals

Delivered by MANNA to members with certain conditions



Enhanced Dental Benefit

Crowns that look like real teeth



Transportation

No cost rides to medical appointments

Member Services
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



Grievances Submitted by Providers

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



Provider Education Webinar Series

Upcoming Webinars*



- June 19, 2024: Special Needs Unit and Social Determinants of Health
- August 21, 2024: Credentialing
- October 16, 2024: Behavioral Health
- December 18, 2024: Topic To Be Determined

*Topics are subject to change.

Click to register for any of the webinars.



Complaints, Grievances and Appeals Address Reminder

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

Reach us here if you prefer to email or fax:

[PAMedicaidAppeals&Grievance@Aetna.com](mailto:PA MedicaidAppeals&Grievance@Aetna.com)

Fax: 860-754-1757

Members 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



Prior Authorization, Concurrent Review and Retrospective Review Criteria

We use the MCG® criteria to ensure consistency in hospital-based utilization practices. The guidelines span the continuum of patient care and describe best practices for treating common conditions. The MCG are updated regularly as each new version is published. Copies of individual guidelines are available for review upon request.

You can request a copy of the Medical Necessity Criteria by sending a written request via fax to **877-363-8120** or by mail to:

Aetna Better Health Kids
Attn: Medical Management Department
PO Box 818047
Cleveland, OH 44181-8047



Advance Directives

Please remind your patients to create an advance directive for you to have in their medical record and educate them on why having one is important. Enrollees 18 and older should have an advance directive in place. An individual of sound mind and 18 years of age or older may execute at any time an advance directive for health care governing the provision, withholding, or withdrawal of life-sustaining treatment.

There are two main types of advance directives:

- Proxy Directive (ex. Durable Power of Attorney for Health Care)
- Living Will (also known as an instruction directive)

Enrollees can decide whether they want one of these or both.

If the enrollee already has an advance directive, please remind them to:

- Sign and date it
- Keep a copy for yourself
- Give a copy to your health care surrogate
- Give a copy to all providers
- Take a copy with you if you go to the hospital or emergency room
- Keep a copy in your car (if you have one).

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, just reach out to Catherine Evans at **267-640-9471** or evansc3@aetna.com.

Community Partner Spotlight

Community Partners making a difference!

Siloam Wellness

We encourage you to take a moment and learn about Siloam Wellness Programs and Services and their robust calendar of events.

Aetna Better Health Kids is proud to support Siloam!
SiloamWellness.org

Aetna Better Health Kids Sponsors Latino Health Summit

Click the image to learn more.

Topics for this year's summit included:

- Food Insecurity
- Homelessness and Affordable Housing
- Workforce Development
- Maternal and Child Health
- Community-Based Participatory Research
- Digital Literacy
- Maternal and Child Health
- Civic Engagement and Immigration
- Mental and Behavioral Health
- Fatty Liver Disease



SAVE THE DATE FOR PENNSYLVANIA'S 4TH STATEWIDE
Latino Health SUMMIT *Adelante*
HEALTH & WELLNESS EXPO
April 19-20 2024
Wind Creek EVENT CENTER
BETHLEHEM LEHIGH VALLEY
POWERED BY  **latinoconnection** a COLOR & CULTURE catalyst

Additional topics included:

- Lived Experiences
- Populations and Subpopulations
- Physical and Behavioral Health
- Strategies and Services
- Infrastructure and Policy
- Data, Evaluation, and Research



Help Patients Get the Most Out of Each Well-Child Visit

Do you have patients with Aetna Better Health® Kids that haven't been to a well-child visit in the past year? **Reach out to them to schedule one soon. Remind them the visit is no cost to them.**

Talk to your patients about the three best ways for kids to stay healthy:

- Regular wellness checkups
- Being physically active
- Making healthy food choices

Make suggestions about healthier foods to choose at restaurants, such as:

- Grilled, baked, or broiled lean meat, poultry, or fish (not fried)
- Side dishes like fruit, vegetables, beans, whole grain breads or cereal that are prepared without added fat and salt. Some of these can replace French fries as the side at no extra charge.

For children ages birth to age five who may have developmental delays, PA CONNECT will work with you and your patient to support the child's growth and development. For more information, call PA CONNECT at **1-800-692-7288**.



Help Ensure Your Patients Don't Lose Their Coverage

Those who no longer meet eligibility requirements — or who don't take the steps to confirm their eligibility — may lose their coverage.

Even before the PHE, thousands of people were disenrolled from CHIP every month for procedural reasons. In many cases, recipients weren't even aware that they needed to recertify their eligibility.

How you can help

- Remind your patients to confirm their current contact information with CHIP or their caseworker. They can visit the website below for more information and to get started.

Also, make note of the phone number for your state's CHIP enrollment office. It is **1-866-550-4355**. Keep it handy at your front desk, billing office or anywhere staff can share with patients.

Thank you for supporting us in this effort.

For more information, visit www.dhs.pa.gov/PHE/Pages/Stakeholder-Resources.aspx



2023 Annual Medical Review

Areas for Improvement

As demonstrated in the chart below, several components fell below the 85% threshold that is used to determine the adequate documentation of our enrollees’ medical records.

We ask that you review the chart, documentation requirements and continue to work towards offering preventive screenings, specialist referral communication notations, having the enrollee’s name or ID present on each page, and completing lead risk assessments on all enrollees below 6 years of age.

For assistance with documentation requirements, please contact your Provider Relations Representative.

MRR Results		
Items Reviewed	2022	2023
Enrollee name or ID present on each page	88.3%	71.67%
Personal data	93.3%	91.67%
Entries in the record contain author signature or initials	96.7%	100%
All entries are dated	90%	98.33%
All entries are legible	100%	95%
Allergies or NKA	100%	96.67%
Current problem list	98.3%	100%
Past medical history	100%	100%
History and physical exam	100%	98.33%
Follow-up plan/ return visit for each encounter	91.7%	96.67%
Age-appropriate immunization record present <21 yrs.	93.3%	95%
Preventive screening/services offered	100%	100%
Treatment plan	100%	100%
Working diagnosis consistent with findings	100%	100%
No evidence patient is placed at inappropriate risk	100%	100%
BP/WT/HT at first visit	90.4%	94.23%
Review of lab or other study results	73.2%	90.91%
Notation of referral communication from specialist; evidence of discharge summary from hospitals, HHA and SNF if applicable	58.3%	66.67%
Practitioner addresses cultural needs and linguistic competence	100%	51.67%
Lead screening questionnaire (6 mos–6yrs) completed	44.4%	21.43%

Review of lab or other study results

Medical records should contain evidence of physician review of lab, x-ray, or biopsy results or other studies by either signing or initialing reports or documentation of the results in a progress note. Abnormal lab and imaging study results should have an explicit note regarding follow-up plans.

Notation of referral communication from specialist and evidence of discharge summaries

If a consultation/ referral is made to a specialist, there should be documentation of communication between the specialist and the PCP/ Pediatrician with notation that the physician has seen it.

Lead screening

For pediatric enrollees (6 months to 6 years) there should be documentation in the medical record that the practitioner completed a lead screening questionnaire or have documentation that a venous blood lead level was performed.

- Assess if the enrollee lives in or regularly visits a house with peeling or chipping paint that was built before 1960 or if that house (built before 1960) has recent, ongoing, or planned renovation.
- Assess if the enrollee lives with someone whose job or hobby involves any exposure to lead.

For more information, visit the [CDC lead information website](#).

Assessment of Enrollee Cultural and Linguistic Needs

All enrollees should have documentation in their medical records that providers have assessed the linguistic and/or cultural needs and provide if needed, such as translation services (available through Aetna Better Health Kids) and religious needs.

Patient satisfaction and positive health outcomes are directly related to good communication between an enrollee or parent/guardian and his or her provider. A culturally competent provider effectively communicates with patients and understands their individual concerns. It is incumbent on providers to make sure patients understand their care regimen.

As part of our cultural competency program, we encourage providers to visit the [Office of Minority Health website](#).



Billing of Members

Providers cannot balance bill members for any amounts exceeding the contractual allowance specified in the provider agreement. All providers are prohibited from billing members beyond the member's cost sharing liability, if applicable, as defined in the patient's benefits.

You cannot balance bill patients for covered services. You only bill patients for:

- Non-covered services
- Services that have not been authorized
- Services that are out-of-network.

You can only bill patients for those services if you told the patient before rendering the service that it's not covered and they agree in writing to pay the cost.



Learn More About Availity



Availity Essentials provider portal provides access to a robust self-service and online tools to allow more independent and remote providers to easily navigate Aetna’s policies, procedures, and requirements. Availity allows providers to directly communicate with Aetna’s clinical and administrative staff through the Contact Us application. Providers support capabilities offered through Availity include the ability for providers to:

Claim Submissions	Appeals & Grievance Appeals	Prior Authorization Submission
Claim Status Inquiries	Appeals & Grievance Status	Prior Authorization Status
Payer Space	Panel Rosters	Eligibility and Benefits
Contact Us Messaging	Specialty Pharmacy Prior Authorization	Reports & PDM

If you’re new to Availity, there are many resources to help guide providers on how to navigate the site. Availity is free for all providers and offers a single sign on for participating payers.

Bookmark these resources for easy access:

- [Availity.com/Essentials](https://www.availity.com/Essentials) — 24/7 access to training resources and recorded webinars to view at your leisure
- **Aetna Crosswalk** — Aetna Better Health tools and resources

Get to know Availity

Availity is your trusted source for payer information, so you can focus on patient care.

If your organization isn’t registered with Availity, get started today at [Availity.com/provider-portal-registration](https://www.availity.com/provider-portal-registration).

Live webinars for Availity portal users

Once you’re registered, sign in at [Apps.availity.com/availity/web/public.elegant.login](https://apps.availity.com/availity/web/public.elegant.login). The Availity Learning Team offers regularly scheduled live webinars on a variety of topics including:

- Prior authorization submission and follow-up training
- Navigating the attachments dashboard and workflow options
- Resources and tips for new administrators on Availity
- Use Availity portal to submit professional claims
- Availity claim status

Tips for finding live webinars

- In the Availity Portal, select Help & Training > Get Trained to open your ALC catalog in a new browser tab.
- In the ALC catalog > Sessions tab, browse or search by webinar title and look for Live Webinar and the date. You can also scroll the months using Your Calendar in the top left of the page.

After you enroll, watch your email inbox for confirmation and reminder emails with information to join and downloadable iCal options.

Can’t make a live session? The ALC catalog includes lots of on-demand options, too.

In the ALC Catalog, look for courses with a title that ends in Recorded Webinar, for example, Navigating the Attachments Dashboard and Workflow Options – Recorded Webinar.



Pharmacy Formulary Access

You can access our formulary by visiting AetnaBetterHealth.com/Pennsylvania/Providers. Information on the formulary can be found under the “Programs and services” tab, “Pharmacy” subtab, “Pharmacy Overview” under Covered medications select online search tool or Formulary(PDF).

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 restrictions or recommendations before prescribing a medication.



Important Formulary Updates

Effective 2/1/2024, Humira biosimilars including Adalimumab-Adaz, Adalimumab-Fkjp, and Hadlima were added to the Aetna Better Health Kids formulary. Brand Humira is non-preferred.

Effective 2/1/2024, Insulin Lispro was added to the Aetna Better Health Kids formulary. Admelog and Humalog are non-preferred.

For a complete list of drug formulary updates please access the website link below.

AetnaBetterHealth.com/pennsylvania/drug-formulary.html



Pharmacy Update

- Pharmacy services, including covered drugs (formulary) and any restrictions
- Pharmacy procedures
- An explanation of limits and generic substitution
- How to submit information for exception requests.

Provider Pharmacy Benefits

Did you know you can find pharmacy information on our website? You can access the formulary, view step therapy restrictions, quantity limits and submit prior authorization.

AetnaBetterHealth.com/pennsylvania/providers/pharmacy.html

For more pharmacy information you can also access the Provider Manual

AetnaBetterHealth.com/pennsylvania/providers/index.html



UM MCG Edition Update

We are now reviewing from the MCG 28th Edition.



2024 Quick Reference Guide



Aetna Better Health® Kids (CHIP)

Administrative Office 1-800-822-2447
1425 Union Meeting Road
Blue Bell, PA 19422

Pharmacy: CVS Caremark 1-866-638-1232

Eligibility Verification (by phone) 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
AetnaBetterHealth.com/Pennsylvania/providers/materials-forms
Fax: 1-877 363-8120

Provider Manual

AetnaBetterHealth.com/Pennsylvania/providers/manual

Website

AetnaBetterHealth.com/Pennsylvania

Availity Provider Portal

AetnaBetterHealth.com/Pennsylvania/providers/portal

Peer to Peer Request 1-833-459-1998

Member Services 1-800-822-2447

Claims Customer Service Contact 1-866-638-1232
CICR

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

eviCore® 1-888-693-3211
• Radiology 1-888-393-0989
• Pain Management 1-800-575-4517
• Client Services Evicore.com

Effective June 1, 2024, Aetna will not require authorizations for these services.

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

Visit AetnaBetterHealth.com/Pennsylvania/providers/materials-forms then 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