Aetna Better Health® Kids
1425 Union Meeting Road
Blue Bell, PA, 19422

July 27, 2026

Provider Registration Requirements Reminder

The Affordable Care Act (ACA) and related regulations at 42 CFR 455, imposed requirements on state Medicaid agencies (SMAs), and Children's Health Insurance Programs (CHIP) to enhance their provider enrollment and screening practices. State Medicaid/CHIP agencies and providers must comply with these federal regulations and the Centers for Medicare and Medicaid Services (CMS) Medicaid Provider Enrollment Compendium (MPEC). In addition, Medicaid/CHIP enrolled providers must comply with all additional requirements established by the State and the **Pennsylvania Department of Human Services (DHS).** All rendering practitioners (i.e., providers who are providing services and directly bill Pennsylvania Medicaid/CHIP) and ordering or referring physicians, and prescribing practitioners (ORP) (i.e., providers who are providing services, writing prescriptions and/or referring members, but are not permitted to directly bill Pennsylvania Medicaid/CHIP) must be enrolled as participating providers to be eligible for reimbursement of services.

In addition, under Section 5005(b)(2) of the 21st Century Cures Act, Pennsylvania DHS must require that a provider in a managed care network is enrolled with Pennsylvania Medicaid/CHIP consistent with section 1902(kk) of this Title. Each provider must execute a provider agreement with Pennsylvania DHS. Active enrollment on the Pennsylvania Medicaid Provider Enrollment Portal at the time of service is required for both in state and out of state providers. Providers must be registered using their National Provider Identifier (NPI), Taxonomy Code Service Address and Billing address and Provider Specialty. Aetna Better Health® of Pennsylvania will reject claim submissions when an effective PROMISe ID for the billing provider and/or rendering provider cannot be found as enrolled on the State's provider enrollment portal. Edits will be performed based on the PROMISe ID submitted using the G2 qualifier in the 2010BB billing loop (REF01=G2/REF02=PROMISe ID). Atypical providers are not required to have a NPI. For more information related to provider enrollment, please refer to the following website:
https://pa.gov/agencies/dhs/resources/for-providers/promise/promise-provider-enrollment

Pennsylvania DHS requires contracted Medicaid/CHIP Health Plans to verify that all providers, provider groups, and their affiliates who provide services to Pennsylvania Medicaid/CHIP beneficiaries have their enrollment verified prior to adjudication. Policy details can be found within the following Policy Manuals:

https://www.pa.gov/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides

https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837-professional-cms-1500-claim-form.pdf

https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837%20Institutional%20UB-04%20Claim%20Form.pdf

Beginning 10/01/2026, Aetna Better Health® Kids will be changing how it executes the provider validation process of EDI claims. The health plan will begin editing EDI claims prior to adjudication. Claims that fail provider validation in accordance with the mandates described above will be rejected. For each rejected EDI (837I/837P) claim, health plan will send remittance advice via electronic remittance (277CA) indicating the reason the claim was rejected. Paper claims will continue to be denied within the adjudication system. The health plan will send denial information via 835 electronic or paper remittance. To avoid claim adjudication delays or denials, providers should ensure the NPI, Taxonomy, Practice address Zip9 and Billing address Zip9 on the claim match the information registered with Pennsylvania DHS.

The clean claim edits will reject EDI claims and deny paper claims when an effective PROMISe ID cannot be found on the registry for any of the following provider categories:

Professional Claims - 837P or CMS-1500	**Institutional Claims - 837I or UB04**
Billing Provider 2010AA/Box 33A	Billing Provider 2010AA or Box 56
Rendering Provider 2310B/2420A or Box 24J	Attending Loop 2310A or Box 76
Referring Provider 2310A/2420F or Box 17B with DN Qualifier	Operating Loop 2420A/2310B or Box 77
Ordering/Prescribing Provider 2420E or Box 17B with DK Qualifier	Other Providers: - Other Operating Loop 2420B/2310C or Box 78-79 with ZZ Qualifier - Referring Loop 2420D/2310F or Box 78-79 with DN qualifier
Supervising Provider 2310D/2420D or Box 17B with DQ Qualifier	

Providers are responsible for resolving any State registration issues and are not permitted to balance-bill the Medicaid/CHIP beneficiary.

Taxonomy Codes

Aetna Better Health® Kids will also require a taxonomy code on each claim submitted with Billing, Rendering or Attending providers having NPIs. Taxonomy is an effective way to define provider specialty prior to claim adjudication. Provider taxonomy codes on the claim improves provider selection and payment accuracy. Please follow the billing guidelines outlined in the references below:

www.wpc-edi.com when submitting EDI 837I/837P Claims
www.nucc.org when submitting Professional CMS-1500 Claim Forms
www.nubc.org when submitting Institutional UB-04 Claim Forms

The last page of this notice provides some **general taxonomy** billing guidance based on the sources cited above. If you have any questions about our claim submission processes, please contact our Claims Inquiry/Claims Research (CICR) Department by calling **1-866-638-1232.**

Thank you,
Provider Relations
Aetna Better Health® Kids
https://www.aetnabetterhealth.com/pennsylvania

Taxonomy Codes Billing Guidelines:

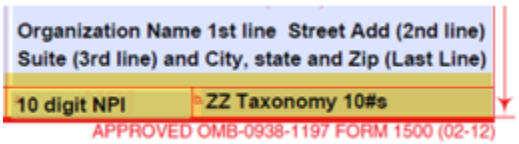
EDI Submitters

- Aetna Better Health requires taxonomy submissions in:
  - Professional Claim: Loop and Segment 2000A-PRV or Loop and Segment 2310B-PRV or
  - Institutional Claim: Loop and Segment 2000A-PRV

Paper CMS-1500 (v02-12) Forms

- Aetna Better health will require Taxonomy Codes in either Box 24J Shaded area or Box 33

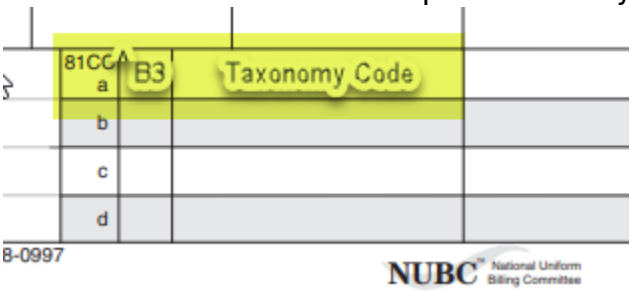
Billing Provider Taxonomy: Box 33B



Rendering Provider Taxonomy: Box 24 J Shaded Area

Paper UB-04 Forms

- Aetna Better health will require Taxonomy Codes in **Box 81 is the "B3" qualifier:**



- Aetna Better Health highly encourages Taxonomy be submitted in **Box 76 with the "ZZ" qualifier** when submitting Attending Provider information as seen below.