

A photograph of two women in medical scrubs sitting at a small, round, light-colored table outdoors. The woman on the left is wearing teal scrubs and has her hair in a ponytail. The woman on the right is wearing blue scrubs, has a stethoscope around her neck, and is holding a small, clear, textured object in her hand. They are both smiling and looking at each other. The background shows green foliage and a building.

Aetna Better Health Webinar Series

**Provider Manual &
Hot Topics**

**Provider Experience
Network Relations Team**

Presented by
Michelle Bogard

October 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:

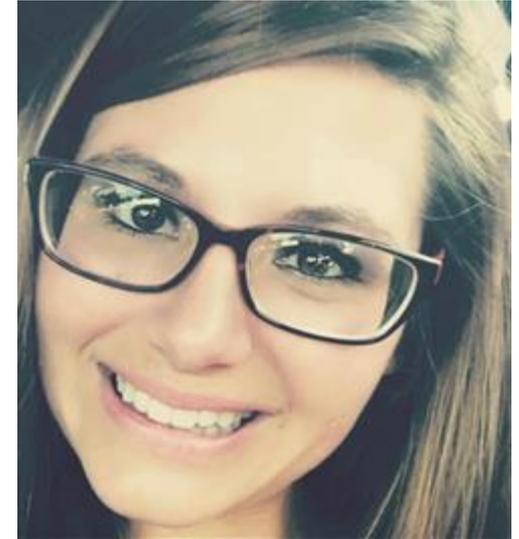
Melinda started her healthcare career working at her local hospital. She worked her way through the revenue cycle from; patient access, medical records, patient financial services and was the financial counselor before she transitioned over to Aetna Better Health. She just received her Master's in Health Information Management from SNHU.

Territory:

Melinda is the Network Relations Consultant for north central Pennsylvania, including Potter, Tioga, Cameron, Clinton, Lycoming, Clearfield, Centre, Union, Snyder and Northumberland Counties.

More about Mindi:

Melinda has two children and when she is not on an adventure with them and her husband, she is curled up with a good book or watching movies.



Melinda (Mindi) Roach

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Agenda

- Provider Manual Overview
- HOT TOPICS
 - Billing Requirements Project Status Update
 - **NEW** Telemedicine Medical Assistance Bulletin
 - Active PROMISe ID Required at all Service Locations
 - ABH Secure Provider Portal to be discontinued
- Territory Assignments
- Important Links



What is the Provider Manual?

The provider manual is an extension of your participating Provider Agreement, as well as a helpful resource tool and guide for our provider community.

It can be found on the Aetna Better Health of PA website and here is the link:

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

Provider Manual Content

Chapter 1: Introduction

Chapter 2: Contact information

Chapter 3: Provider resources and
responsibilities

Chapter 4: Credentialing overview

Chapter 5: Eligibility and enrollment

Chapter 6: Member rights and responsibilities

Chapter 7: Medicaid and CHIP benefits and
cost sharing

Chapter 8: Early Periodic Screening, Diagnosis
and Treatment

Chapter 9: Medical Management

Chapter 10: Quality Management

Chapter 11: Provider Incentive programs

Chapter 12: Advance Directives

Chapter 13: Encounters, billing and claims

Chapter 14: Member complaints, grievances
and DHS Fair Hearings

Chapter 15: Fraud and abuse

Chapter 16: Forms

Chapter 17: Glossary of key terms



Chapter 1: Introduction

The Introduction Chapter offers more information about:

- Aetna Better Health
- The programs we cover
- The counties with CHIP coverage
- The subcontractors we partner with



Chapter 2: Contact information

This Chapter includes key contact information for:

- The Aetna Better Health of Pennsylvania Administrative Office and claim submission
- Internal departments such as Member Services, Medical & Pharmacy Prior Authorization, Provider Relations, CICR, Special Needs, etc.
- Office of Medical Assistance Programs Hotline
- Pennsylvania Department of Human Services
- Behavioral health, drug and alcohol services for MA members
- Transportation Program (MATP) for MA members



Chapter 3: Provider resources and responsibilities

This Chapter outlines the minimum requirements the provider must meet to comply with contract terms and all applicable laws.



Chapter 4: Credentialing

The Credentialing Chapter provides additional information on:

- Initial individual practitioner credentialing
- Recredentialing individual practitioners
- Facility credentialing
- NPI / PROMISe ID enrollment & revalidation

NOTE: As a courtesy, Aetna Better Health contacts individual practitioners if any sites are due for revalidation to avoid future termination.

Chapter 5: Eligibility & enrollment

This Chapter provides additional details regarding:

- Who determines eligibility
- Medical Assistance Access Card & Aetna Better Health ID Card
- Role of the Enrollment Assistance Program (EAP)
- Verifying eligibility
- Enrollment procedures
- Changing PCPs
- Newborn & retroactive enrollment
- Member rights under Rehabilitation Act of 1973, the ADA Rehabilitation Act of 1973 & the Americans with Disabilities Act (ADA)

Chapter 6: Member rights & responsibilities

In this Chapter we highlight:

- Member rights and responsibilities
- Communication with members and participating providers

Chapter 7: Medicaid and CHIP benefits & cost sharing

This comprehensive Chapter touches on covered benefits and shared costs for HealthChoice members, as well as additional information for covered medically necessary services.



Chapter 8: EPSDT

This Chapter provides helpful information regarding EPSDT, including:

- Link to the CDC's current recommended immunization schedules
- Identifying barriers to care
- Screening, diagnosis and treatment
- EPSDT tracking
- Follow-up and outreach
- Preventive health education
- Substitute care or residential facility placement

Chapter 9: Medical Management

Our Medical Management Program encompasses activities directed toward prospective, retrospective and concurrent utilization review. It also covers Integrated Care Management and Disease Management services.

This Chapter provides more information about the process.



Chapter 10: Quality Management

Quality Management (QM) is an ongoing, objective and systematic process of monitoring, evaluating and improving the quality, appropriateness and effectiveness of care and service.

This Chapter includes more information on the methodology used to review the degree of conformance to desired medical standards and practices and activities designed to improve and maintain quality service and care, performed through a formal program with involvement of multiple organizational components and committees .

Chapter 11: Provider Incentive programs

Aetna Better Health fully recognizes the value of structuring financial incentives to promote improvements in the delivery of effective health care services.

This Chapter provides more detail about our pay-for-quality programs.



Chapter 12: Advance Directives

The Patient Self-Determination Act of 1990, effective December 1, 1991, requires health professionals and facilities serving those covered by Medicare and Medicaid to give adult members written information about the member's right to have an Advance Directive.

This Chapter outlines the provider's responsibility.

Chapter 13: Encounters, billing & claims

This Chapter covers the following:

- Encounters, billing and claims
- PROMISE ID number requirements
- Ordering, referring and prescribing requirements
- Member eligibility verification
- Payment for medically necessary services
- Billing of members
- Coordination of benefits/third party
- Claim payment timeframes
- Etc.

Chapter 14: Member complaints, grievances and DHS Fair Hearings

The Complaints and Grievances Department has the overall responsibility for the management of the member complaint and grievance process for HealthChoices.

This Chapter provides details on how and where to file a complaint.



Chapter 15: Fraud & abuse

The vast majority of Medical Assistance (MA) providers and members deliver and receive care within the boundaries of applicable regulations. Unfortunately, a small number of MA members and providers may engage in practices that are fraudulent or abuse the MA program.

This Chapter provides details on our business software applications and algorithms used to detect potential fraud and abuse and claims upcoding, as well as investigating and reporting fraud and abuse.



Chapter 16: Forms

Aetna Better Health produces a number of forms to help providers expedite and standardize administrative functions.

This Chapter includes instructions on where to find these forms on our website, as well as links to other helpful DHS and CMS forms & resources.



Chapter 17: Glossary

This Chapter provides a glossary of key terms for your reference.

Contact Information

If you have questions about any of the content reflected in the provider manual, please contact your Network Relations Consultant listed on the Territory Map within this presentation.



Questions?

Hot Topics

- ❑ **Billing Requirements Project Status Update**

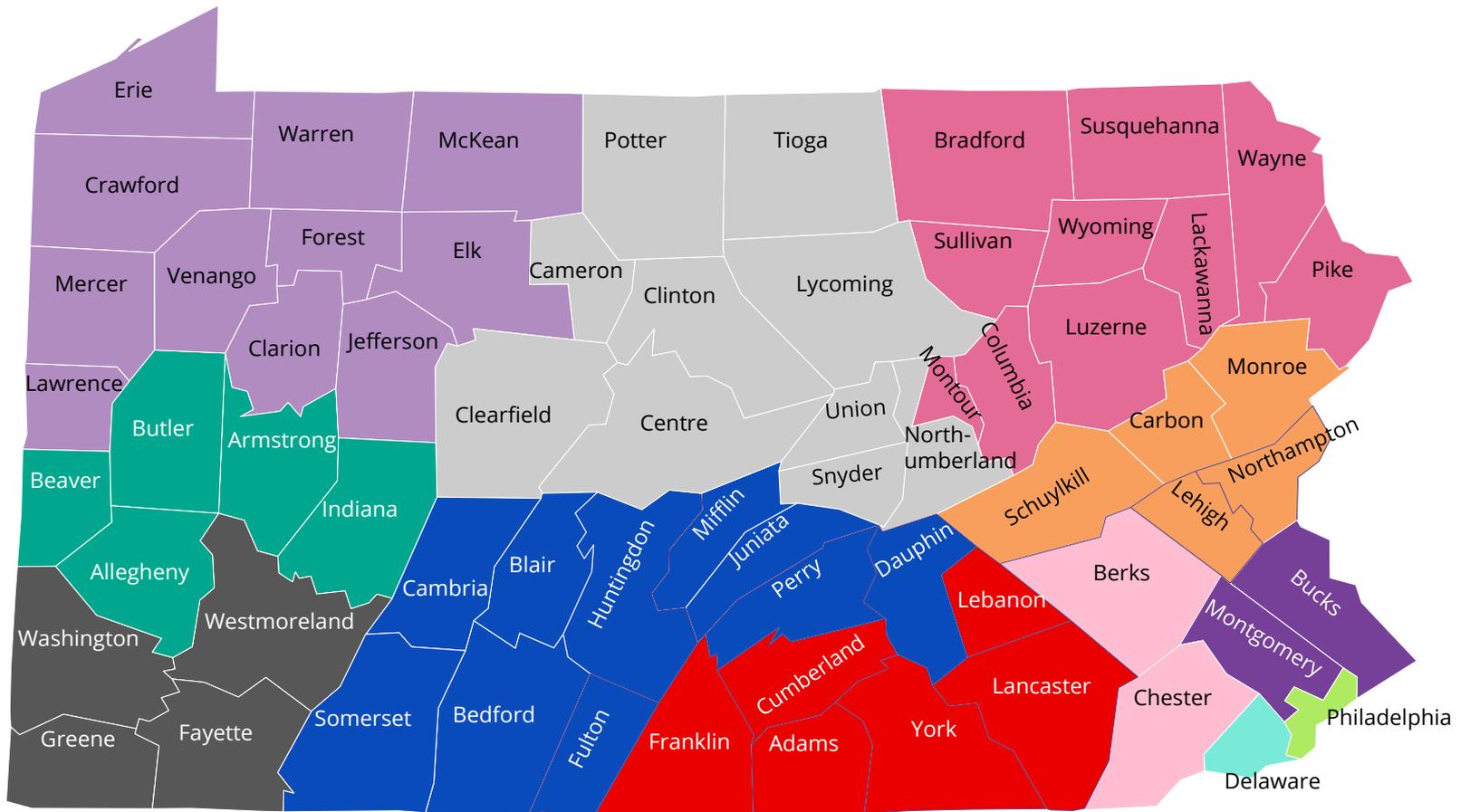
- ❑ **Telemedicine Medical Assistance Bulletin**

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/pennsylvania/provider/pdf/abhpa_provider_expansion_of_telemedicine.pdf

- ❑ **Active PROMISe ID Required at all Service Locations**

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/notices/Promise%20LOCATION%20Requirements%20Reminder%20Q1%202020_JF_FINAL.pdf

- ❑ **ABH Secure Provider Portal to be discontinued**



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Large Group & Hospital Assignments

Provider Group	Representative
Advocare Pediatrics	Vacant
Allegheny Health Network	Brady Bingman
Children's Hospital of Philadelphia	LaShawn Bailey
Coordinated Health	Jacelyn Cressman
Crozer Keystone	Vacant
CVS MinuteClinic	Vacant
Detweiler Family Medicine	Vacant
Drexel Medicine	LaShawn Bailey
Einstein Health Network	LaShawn Bailey
FQHCs and RHCs – All counties	Teresa Washington
Geisinger	Kim Heggenstaller
Jefferson Health	Lashawn Bailey
Lehigh Valley Health Network	Jacelyn Cressman

Provider Group	Representative
Trinity (Mercy) Health	Vacant
Nemours	Jacelyn Cressman
Penn State/ Hershey Health	Mindy Roach
Phoenix Rehab & Health Services, Inc.	Michael Quinn
Quest Diagnostics	Vacant
St. Christopher's	LaShawn Bailey
St. Mary Medical Center	Vacant
Tower Health	LaShawn 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

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Important Links

Summer/Fall Newsletter

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/pennsylvania/provider/pdf/abhpa_2021_provider_newsletter_summer_fall.pdf

Quick Reference Guide

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/pennsylvania/provider/pdf/abhpa_quick_reference_guide.pdf

Provider Experience Education Resources

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



