Provider Newsletter

Winter/Spring 2020

AetnaBetterHealth.com/Pennsylvania

PA-20-02-02

Aetna Better Health® of Pennsylvania
Aetna Better Health® Kids

In this issue

Reminder: PROMISe Billing Requirements

Effective July 1, 2019, as required by the Affordable Care Act (ACA) and DHS, all Medicaid and CHIP providers who render services for Medicaid or CHIP beneficiaries, must be enrolled with DHS and have a valid PROMISe Identification Number (PROMISe ID) **for each service location at which a provider operates**.

DHS uses the National Provider Identification (NPI) number and taxonomy submitted on claims to validate the enrollment of providers in PROMISe.

If you need to verify if you are enrolled in PROMISe at **all service locations**, you can access the DHS online portal at: https://promise.dpw.state.pa.us/portal/Default.aspx?alias=promise.dpw.state.pa.us/portal/provider.

You can also find a copy of the complete DHS notice regarding the enrollment requirement and process, visit http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_284208.pdf.

Do we have your email address?

Several months ago we started sending your practice important communication updates via email and then to fax, then your physical address. We need your current email address to get provider updates to you quicker and more efficiently. Be sure to give your PR Rep an email for your practice. It will keep you “in the know” about Aetna Better Health of Pennsylvania!

Did you miss an MAB?

If you missed a recent Medical Assistance Bulletin, just go to http://www.dhs.pa.gov/publications/bulletinsearch/bulletinsearchresults/index.htm?po=OMAP&iy=2018.

Reminder to Submit Encounter Data for All Services

It is important that the DHS receive all relevant encounter data from us so that service utilization of members is accurately captured. It is important to note that when Third Party Liability (TPL) is involved, you should always submit claims when there is no payment due from Aetna Better Health.

If you receive a payment from a primary payor, the claim with the primary EOB should be submitted to Aetna Better Health so that services can be part of our Medicaid services reporting. It is important for DHS to know what services have been rendered for Medicaid members.

Some examples of why it is important we receive all encounter data include:

- To determine Hospital Quality Incentive Payments (HQIP) using submitted inpatient and outpatient encounter data. See this link for information on this initiative: http://www.dhs.pa.gov/provider/hospitalassessmentinitiative/.
- To ensure service records for HEDIS measures are accurately collected. For the HEDIS indicators, payment is not considered. HEDIS is based on **utilization only** by procedure code.
- To ensure children are receiving EPSDT services as part of the Aetna Better Health's clinical oversight.

Additional information on how encounter data is utilized in the inpatient and outpatient payment programs can be found at:

- http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_266647.pdf and
- http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_279175.pdf.

We urge you to submit all claims regardless of the primary payor.

Questions?

If you have any questions about this update, please call Provider Relations at **1-866-638-1232**.

PA-20-01-18

Provider Experience Educational Resources

Visit our website to access **Provider Experience Educational Resources** (aetnabetterhealth.com/pennsylvania/providers/education) to learn more about important processes, procedures and educational tools that will assist you and your staff in your roles. Information includes, but is not limited to:

- Billing and Claim Information
- PROMISe Billing Requirements
- Complaints, Appeals and Grievances
- Early Periodic Screening Diagnosis and Treatment (EPSDT/Bright Futures)
- Pharmacy Information
- Program Initiatives
- Provider Reference Material
- Provider Webinars and Forums

2020 Annual Notification to Providers

Care management & Disease management services

You can refer your Aetna Better Health patients for care management or disease management services by calling 1-866-638-1232. You can also contact the Aetna Better Health inpatient concurrent review nurse for patients residing in an inpatient facility.

How we identify members for care management and disease management

Aetna Better Health uses the following sources to identify members for care management and disease management:

- Enrollment data from the state
- Predictive modeling tools
- Claim/ encounter information including pharmacy data if available
- Data collected through the utilization management processes
- Laboratory results
- Hospital or facility admissions and discharges
- Health risk appraisal tools
- Data from health management, wellness, or health coaching programs

We may also use referrals from our health information or special needs lines, members, caregivers, providers, or practitioners to identify members appropriate for care management and stratification levels for case-managed members.

Disease management & automatic enrollment

We offer disease management programs to members with specific medical conditions

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Heart failure (HF)
- Diabetes

Members don't have to enroll. We automatically enroll them when we identify them as having one of the above conditions.

We'll inform you of their participation and make sure that we work with you to reinforce their treatment plan. Our goal is to educate, support and prevent the disease from getting worse. We want to reduce hospitalization and high usage of healthcare resources by giving members the tools and resources they need to better manage their health.

For more information about our care management and disease management programs, visit our website at aetnabetterhealth.com/pennsylvania/providers/special-needs.

Prior authorization, concurrent review and retrospective review criteria

To support prior authorization, concurrent review and retrospective review decisions, Aetna Better Health uses nationally recognized evidence-based criteria with input from health care providers in active clinical practice. We apply these criteria on the basis of medical necessity and appropriateness of the requested service, the individual member's circumstances and applicable contract language concerning the benefits and exclusions. The criteria will not be the sole basis for the decision.

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 of Pennsylvania
Attn: Medical Management Department
2000 Market Street, Suite 850
Philadelphia, PA 19103

Pharmacy Updates

Please refer to the provider website or provider manual for pharmacy information:

- A complete list of pharmaceuticals (formulary), monthly changes, limits and quotas
- How to use the pharmaceutical management procedures
- How to provide information for exception requests
- Generic substitutions, therapeutic interchange and step-therapy protocols

Member rights & responsibilities

Aetna Better Health of Pennsylvania and Aetna Better Health Kids maintain policies and procedures that formally address a member's rights and responsibilities. The policies reflect federal and state laws as well as regulatory agency requirements.

We annually inform our members of their rights and responsibilities in the member handbook, member newsletter and other mailings. They are also posted within the For Members section on our website at aetnabetterhealth.com/pennsylvania/members.

We ensure that members can exercise their rights without adversely affecting treatment by participating providers. Members' rights and responsibilities are monitored through our quality management process for tracking grievances and appeals as well as through member surveys. Issues are reviewed by our Service Improvement Committee and reported to the Quality Management Oversight Committee.

For additional information regarding member rights and responsibilities, visit our website or call your Provider Relations Representative at 1-866-638-1232.

APR DRG Version 37 Update

Aetna Better Health of Pennsylvania (Aetna Better Health) has received notification from the Department of Human Services (DHS) that **APR-DRG[1] version 37** replaces APR-DRG version 36 for inpatient services with a discharge date on or after October 1, 2019. This change is effective for all Fee-for-Service claims as of **October 1, 2019**. In accordance with the recent DHS notification, Aetna Better Health is taking the necessary steps to update our APR DRG version to **APR DRG 37**.

We anticipate these changes will be in place by May 1, 2020.

As outlined by DHS, the purpose of this update is to implement the most current APR DRG version for use with the October 2019 ICD-10 code set. Aetna Better Health will make the necessary adjustments to all inpatient claims with a discharge date on or after October 1, 2019.

View the entire APR-DRG Version 37 Table (https://www.dhs.pa.gov/docs/For-Providers/Pages/Regulations-Handbooks-Guides-and-Manuals.aspx)

Questions?

We're here to help. Just contact our Provider Relations department at **1-866-638-1232**.

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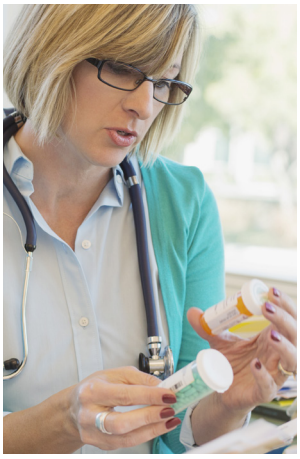
[1] All Patient Refined Diagnosis Related Groups



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Utilization Management Decisions

Aetna Better Health's affirmative statement declares that our organization does not use employee incentives or disincentives to encourage barriers to care and service. Our Utilization Management process:

- Renders decisions based only on appropriateness of care and service and existence of coverage
- Does not specifically reward practitioners or other employees/individuals for issuing denials of coverage
- Financial incentives for utilization making decision makers do not encourage decisions that result in underutilization

Recent Provider Notices

Stay up to date with our recent provider notices.

Check our NOTICES page often to stay up to date with changes that may affect you by visiting: aetnabetterhealth.com/pennsylvania/providers/notices.

Helpful Billing Tip

All services performed on the same date should be billed on one claim form-this includes multiple visits on the same day. If a member has more than 1 visit per day these should be one 1 claim. If they are billed on 2 claims one will be denied as a duplicate.

If multiple pages are needed to accommodate multiple line items, then only list the total billed charges on the last page.

EPSDT Condition Codes shouldn't be duplicated on the claim.

EPSDT Condition Code "NU" isn't valid if EPSDT cert. = "Y".

Electronic Claims

Completion of CRC02 and CRC03 are required for electronic claims.

Loop 2300 Segment CRC02, "Was an EPSDT referral given to the patient?" as follows:

Enter "Y" in Loop 2300 Segment CRC02 if the service was EPSDT, follow-up is required and a referral is made.

Enter "N" in Loop 2300 Segment CRC02 if the service is an EPSDT and no follow-up services were required.

Select the condition indicators in Loop 2300 Segment CRC03. If response to CRC02 is "Y", use one of the following:

- AV (Available – not used)
- S2 (Under treatment)
- ST (New services requested)
- If response to CRC02 is "N" only use NU (Not Used)

What is 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.

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

We promote cultural competency and education to help eliminate health care inequalities.

Providers are encouraged to treat all members with dignity and respect as required by federal law including honoring member's beliefs, being sensitive to cultural diversity, and fostering respect for member's cultural backgrounds.

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

Being culturally competent encompasses:

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

To learn more, check out our **Cultural Competency brochure** (aetnabetterhealth.com/pennsylvania/assets/pdf/provider/Cultural Competency Brochure_3.pdf).

2020 HEDIS Webinar Series

You're invited to attend our free HEDIS webinar series.

The goal of the series is to:

- Educate about HEDIS measure specifics
- Explore ways to reduce the burden of medical record review and maximize administrative data capture
- Present NCQA HEDIS reporting codes that will help effectively capture care provided
- Discuss HEDIS measures applicable to certain populations
- Encourage open discussion to learn how other providers are addressing HEDIS and barriers to care
- Strategies for improvement
- Connect you with a single point of contact at the health plan for HEDIS/ Quality questions

Be sure to check your inbox for monthly invites and class registration information.

Please cascade this information to other staff that may benefit from these free webinars.

Please email Madison (MRYonlisky@aetna.com) to be added to the invite list.

To View Previously Recorded HEDIS® Webinar Series Videos

You can watch the webinars online to learn how you can improve HEDIS rates and member health outcomes:

The 2020 Webinar series is also being recorded. New videos coming soon! Also, you can download a copy of the presentation.

aetnabetterhealth.com/what/videos

If one of your staff or colleagues wishes to be added to the upcoming webinar invite list please email Madison - MRYonlisky@aetna.com Include in your email to Madison the email address of the person wishing to be added to the invite list. She will email the meeting link.

Provider Relations Monthly Webinar

You now have the option to register for our monthly webinars well in advance! Please see our topics and schedule below for the next two months. A detailed agenda for each webinar will be distributed the month the webinar is set to be held.

Join us and invite your colleagues! Feel free to share this invite within your organization

Click on your preferred date(s) below and use the "Register" button to sign up today!

Provider Portal Authorization Requests & Authorization Quick Reference

- Thursday, March 26 @ 11:00 AM EDT

Provider HEDIS® Training Webinar Series

HEDIS Webinar Series

You're invited to attend our free HEDIS webinar series. The goal of the series is to:

- Educate about HEDIS measure specifics
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- Present NCQA HEDIS reporting codes that will help effectively capture care provided
- Encourage open discussion to learn how other providers are addressing HEDIS and barriers to care
- Strategies for improvement
- Connect you with a single point of contact at the health plan for HEDIS/ Quality questions

Be sure to check your inbox for monthly invites and class registration information.

Please cascade this information to other staff that may benefit from these free webinars.

Please email **Madison** (MRYonlisky@aetna.com) to be added to the invite list.

Schedule

January 2020
- Maternity Care and Women's Health, with a focus on HEDIS and preventive screenings
- Caring for our 0 to 11 year old population with a focus on HEDIS and EPSDT

February 2020
- Caring for our 12 to 21 year old population, HEDIS, and EPSDT

March 2020
- HEDIS Measures and healthcare for members with a serious mental illness or serious emotional disturbance

April 2020
- HEDIS Measures and healthcare for members with developmental disabilities

May 2020
- Caring for male and female adults in the Medicaid and Medicare population

June 2020
- HEDIS Measures, healthcare, and EPSDT for members age 0 to 11

July 2020
- HEDIS Measures, healthcare, and EPSDT for members age 12 to 20

August 2020
- Takeaways from HEDIS 2020 and preparing for HEDIS 2021
- HEDIS and caring for members with developmental disabilities

September 2020
- Coding specific topic: Closing HEDIS gaps in care administratively
- The correlation between substance abuse and mental illness

October 2020
- HEDIS Measures for women, breast cancer screenings, and maternity care

November 2020
- HEDIS Measures of care for male and female members over the age of 21

December 2020
- Reducing the burden of medical record review and preparing for HEDIS 2021

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AetnaBetterHealth.com

HEDIS 2021 PA-18-11-12 rev 0120

Provider Appeals

Providers may file an appeal with Aetna Better Health if the provider disputes the resolution of a claim denial or adjudication, or services were provided without the proper authorization.

Note: when submitting the initial prior authorization request, it's important to **submit all clinical information with the initial request**. Providing all clinical information up front will reduce denials related to prior authorization.

Tips for submitting provider appeals:

- Use the Provider Appeal Form located on our website; go to aetnabetterhealth.com/pennsylvania/providers/forms to download and print the form
- Include the claim number on the appeal
- State exactly what is being disputed and why the claim should be paid
- Submit appeals in writing to Aetna Better Health by fax or mail **within 60 days of the provider remittance date**
- Appeals Fax Number: 1-860-754-1757
- Appeals Mailing Address:

  Aetna Better Health of Pennsylvania
  Attn: Provider Appeals
  2000 Market Street, Suite 850
  Philadelphia, PA 19103

Avoid Claim Denials-Use the Right Payer ID

Coventry Payer ID number 25133 is no longer valid! Aetna Better Health claims should be submitted using only claim Payer ID number **23228** to avoid your claim being denied.

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: https://www.aetnabetterhealth.com/pa/providers/forms

Fax the completed Prior Auth form to:
1-877-363-8120

Questions?
For questions call Provider Relations at 1-866-638-1232

aetnabetterhealth.com/pa

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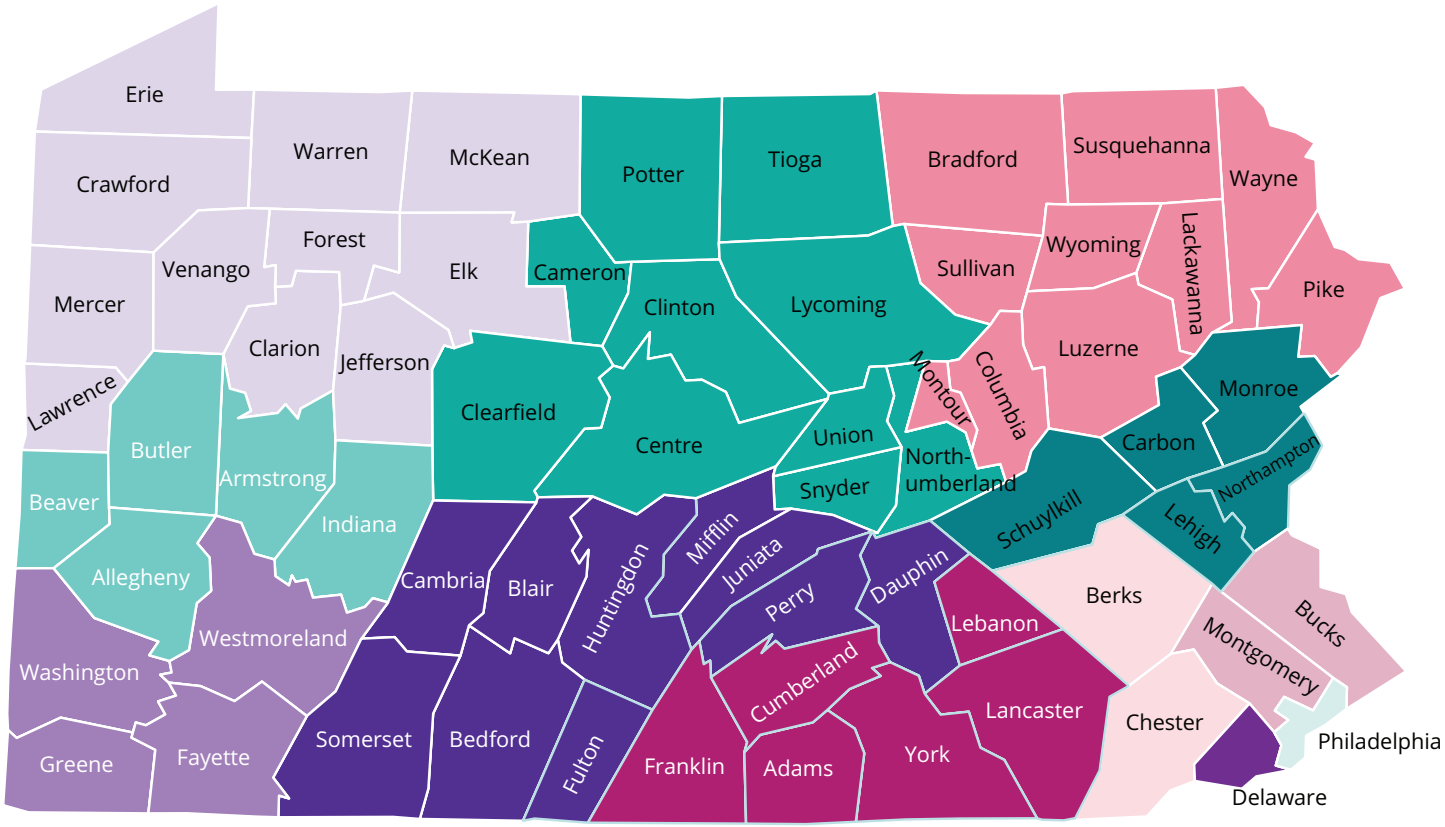
Aetna Better Health® of Pennsylvania

PA-19-10-02

Network Relations Consultants



Sherrie Flannery	Michelle Bogard	Kimberly Young
Korey Luciow	Kim Heggenstaller	Kari Heggs
Jennifer Zupancic	Donna Lambert	Teresa Washington / Anna Dipietro
Melinda Roach	Vacant	Teresa Washington

Large Group and Hospital Assignments

Provider Group	Representative
Allegheny Health Network (SW)	Jennifer Zupancic
Allegheny Health Network (NW)	Jennifer Zupancic
Children's Hospital of Philadelphia	Teresa Washington
Coordinated Health	Donna Lambert
Crozer Keystone	Teresa Washington
CVS MinuteClinic	Kari Heggs
Detweiler Family Medicine	Kimberly Young
Drexel Medicine	LaShawn Bailey
Einstein Health Network	Anna Dipietro
FQHCs – Delaware County	Teresa Washington
FQHCs – Philadelphia County	Teresa Washington
FQHCs – All other counties	Ashley Smith
Geisinger	Kim Heggenstaller
Jefferson Health	Anna Dipietro
Lehigh Valley Health Network	Donna Lambert
Mercy Health	Kari Heggs
Nemours	Teresa Washington
Penn State Health	Kimberly Young
Quest Diagnostics	Kari Heggs
St. Christopher's	LaShawn Bailey
St. Mary Medical Center	Kari Heggs
Tower Health	Kimberly Young
UPMC Cole	Melinda Roach
UPMC Pinnacle	Michelle Bogard
UPMC Susquehanna	Melinda Roach
UPMC – Western PA	Melinda Roach

Pay for Quality: rewarding providers for their dedication and excellent health care services provided to our members!

Provider and health plan partnerships will lead to:

- **Healthier member outcomes**
- **More engaged membership**
- **Closure of care gaps**
- **Improve data capture**
- **Improved quality scores**

Aetna Better Health of Pennsylvania values our provider network and acknowledges your dedication to provide the highest quality care for our members. In recognition of that role, Aetna Better Health® of Pennsylvania is introducing the 2020 Medicaid Pay-for- Quality (P4Q) Program to participating Primary Care Providers (PCPs), Ob/Gyns, and dental practitioners in Pennsylvania who perform recommended services for key performance or HEDIS®measures.

The Pay for Quality Program is based on routine care that patients should receive including services that focus on prevention, chronic disease management, maternity care, and oral health. Working together, health care providers and health plans can ensure that members receive all needed health services.

How does the P4Q program work?

The Aetna Better Health® of Pennsylvania 2020 Medicaid Pay-for- Quality (P4Q) Program is based on practice-specific administrative (claims) data tied to a variety of clinical quality and utilization guidelines and measures. Eligible providers must submit data to the health plan via claims or other administrative means to close gaps and realize incentive payment.

Medical record submission will not count towards P4Q payments.

There is a large list of approved NCQA codes used to identify the services or conditions included in the measures in the P4Q program. Access coding guides and tips by:

- Visiting aetnabetterhealth.com/pennsylvania/providers/quality
- Attending the monthly HEDIS webinars
- Contacting Quality Management at AetnaBetterHealthPAQM@aetna.com

Program Details

Eligibility

For your practice to be eligible for the Aetna Better Health® of Pennsylvania 2020 Medicaid Pay-for- Quality (P4Q) Program you must meet the following criteria outlined in the program tables below:

- Have the required panel size for that measure
- Be registered as the appropriate provider for that measure:
  - Primary Care type Provider (PCP, Family Practice, General Practice, NP, or Pediatrician)
  - Ob/Gyn
  - Dental practitioner (DDS, DMD, and certified and licensed dental hygienists).

Timeline

The timeline for care you provide will occur during calendar year 2020 for dates of service that are between January 1 - December 31, 2020 for all measures except for maternity. The maternity measures will look at care of members with deliveries from October 8, 2019 – October 7, 2020.

Payment and Payment Schedules

Incentive payments are paid to providers at the Tax ID (TIN) level in one of two ways:

- Achieving the required targeted benchmark for a specific HEDIS® measure

OR

- Based on each member that receives the required service for measures where there is no minimum benchmark or threshold.

Payments will occur either biannually or annually after completion of CY 2020 for measures in the P4Q program. The tables below list out the measure specifics on payment schedules as well as required thresholds and services for the provider to receive payment.

Measures on Biannual Payment Schedule - Payments occur twice in 2020

Measure	Panel Require-ments	Provider Type	Required Service	Minimum Benchmark	Incentive Amount
Adolescent Well-Care Visits	50 or more members	Primary Care Provider	One well care visit in 2020	63%	$50 Per Service
Well Child in the First 15 Months of Life – 6 or More Visits	50 or more members	Primary Care Provider	6 or more well care visits by age 15 months (visits will occur in 2019 & 2020)	70%	$100 Per Service
Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	50 or more members	Primary Care Provider	One well care visit in 2020	78%	$75 Per Service
Lead Screening for Children	50 or more members	Primary Care Provider	One venous or capillary blood draw for lead levels by the time the members turns 2 years of age in 2020	81%	$75 Per Service
Developmental Screening in the First Three Years of Life	50 or more members	Primary Care Provider	One global developmental screening using a standardized screening tool during calendar year 2020 for members between the ages of 1-3	57%	$75 Per Service
Prenatal Care in the First Trimester	No panel require-ments	OB/GYNs or Primary Care Providers	Completes a prenatal visit during the first trimester, on or before the enrollment start date or within 42 days of enrollment with the plan	N/A	$100 Per Service
Postpartum Care	No panel require-ments	OB/GYNs or Primary Care Providers	Completes one postpartum visit 7-84 days post delivery	N/A	$150 Per Service
Annual Dental Visit	No panel require-ments	Dental Practitio-ner	Members 6 months years of age who had at least one dental visit during 2020	N/A	$50 Per Service
Annual Dental Visit	No panel require-ments	Dental Practitio-ner	Members 6- 20 years of age who had at least one dental visit during 2020	N/A	$25 Per Service

Measures on Annual Payment Schedule -
Payments will occur in 2021 after completion of calendar year 2020

Measure	Panel Require-ments	Provider Type	Required Service	Minimum Benchmark	Incentive Amount
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>/=9%)	50 or more members	Primary Care Provider	Last HbA1c test in 2020 is <9.0	<33%	$75 Per Service
Controlling High Blood Pressure (ages 18-85)	50 or more members	Primary Care Provider	Last BP in 2020 is <140/90 mm Hg	67%	$75 Per Service
Medication Management for People with Asthma 75%	50 or more members	Primary Care Provider	Members must remain on their asthma medications for 75% of the treatment period in 2020	52%	$150 Per Service
Ambulatory Care - ED Visits (AMB-ED)	250 or more members	Primary Care Provider	Members who utilize the Emergency Room for ambulatory care services that do not result in an inpatient admission- providers do not want a high utilization rate	< 58 visits / 1000 MM	$2,500 at the TIN level
Reducing Potentially Preventable Readmissions	PCP Groups whose members have a combined minimum of 25 eligible admissions	Primary Care Provider	Members who are readmitted to the hospital within 30 days of discharge- providers do not want a high readmission rate	<8.50%	$2,500 at the TIN level

- *Incentive payments are made on a once per member per measurement period basis*
- *The 2020 Medicaid Pay-for- Quality (P4Q) Program applies to members in the Medicaid only.*
- *Payment for the P4Q program is dependent on the funding that the Pennsylvania Department of Human Services provides. Aetna Better Health reserves the right to end the P4Q program if funding becomes unavailable.*

Where can you get your list of members in the Pay for Quality Measures?

Monthly enhanced reports that show year-to-date quality metrics and progress toward goals are available on the **Provider Report Management Tool (ProReport)** in the secure web portal. These reports include data on measures included in the Pay for Quality Program, but also other measures of focus for key preventive services such as breast cancer or cervical cancer screenings. You can also review a member level detail tab within the report that shows what members need care (NC) to close gaps for measures in the report.

All reports are available 24/7 on the portal. Your assigned Quality Practice Liaison (QPL) can assist you with utilizing the ProReport Tool, provide a printed copy of your report upon request and review the P4Q program with you Please refer to the **Provider Report Management Tool**

Overview and Navigation (aetnabetterhealth.com/pennsylvania/assets/pdf/provider/quality/2018 Provider Report Mgmt 18120 -01_JF1.pdf) guide on the Aetna Better Health of Pennsylvania website.

To gain access to the secure web portal, simply fill out the

Provider Secure Web Portal Information Form (aetnabetterhealth.com/pennsylvania/assets/pdf/provider/provider-portals/secure-web-portal-registration-form-PA.pdf) and your Provider Experience Representative will process your request.

Aetna Better Health of Pennsylvania's Quality Management Department hosts monthly webinars that demonstrate access and use of ProReport to all providers. Contact Quality Management for more information! Should also refer to the web where a listing for 2020 is available – or should be.

2019 Annual Medical Review Results

Areas for Improvement in 2020

The items below significantly decreased as shown in the chart They are well below the 90% threshold we have set to demonstrate more than adequate documentation in the medical records of our members.

Please continue to work towards capturing these items:

- Blood Pressure,
- Weight,
- Height,
- Personal Data,
- Completing lead risk assessments on all members below the age of 6 years and
- Assessment of Member Cultural and Linguistic Needs.

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

Guidance for assessments and screenings

Blood Pressure, Weight and Height: Medical records should contain notation of Blood pressure, Weight and Height measured/recorded on the first visit.

Personal Data: Each record must contain appropriate biographical/personal data including age, sex, race, address, employer, home and work telephone numbers, ICE contact and marital status. All patients must have their own chart, no family charts.

Lead Screening: For pediatric members (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 member 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 member lives with someone whose job or hobby involves any exposure to lead.

For more information, check out the **CDC lead information website** (https://www.cdc.gov/nceh/lead/publications/default.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fnceh%2Flead%2Fpublications%2F1997%2Fq_a.htm).

Assessment of Member Cultural and Linguistic Needs: All members 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) and religious needs.

Both patient satisfaction and positive health outcomes are directly related to good communication between a member and his or her provider. A culturally competent provider effectively communicates with patients and understands their individual concerns. It is incumbent on providers to ensure patients understand their care regimen.

As part of our cultural competency program we encourage providers to access information on the **Office of Minority Health's website** (https://www.minorityhealth.hhs.gov/).

Items Reviewed	2018 MRR Results	2019 MRR Results
Member name or ID present on each page	100%	95.04%
Personal data	98%	80.17%
Entries in the record contain author signature or initials	100%	95.04%
All entries are dated	100%	100%
All entries are legible	98%	91.74%
Allergies or NKA	100%	95.04%
Current Problem List	96%	98.26%
Past medical history	99%	93.28%
History and physical exam	100%	97.52%
Follow-up plan/ return visit for each encounter	100%	94.17%
Age appropriate immunization record present <21 yrs.	98%	89.47%
Preventive screening/ services offered	98%	95.00%
Treatment plan	100%	98.23%
Working diagnosis consistent with findings	100%	100.00%
No evidence patient is placed at inappropriate risk	100%	100.00%
BP/WT/HT at first visit	100%	83.47%
Review of lab or other study results	97%	96.63%
Notation of referral communication from specialist; evidence of discharge summary from hospitals, HHA and SNF if applicable	86%	85.71%
Practitioner addresses cultural needs and linguistic competence	58%	58.82%
Lead screening questionnaire (6 mos -6ys) completed	70%	57.89%

2020 Quick Reference Guide

Aetna Better Health of Pennsylvania

Administrative Office	2000 Market Street, Suite 850 Philadelphia, PA 19103 1-866-638-1232 (MA) 1-800-822-2447 (CHIP)	Claims Customer Service Contact (CICR)	1-866-638-1232
Pharmacy	CVS Caremark: 1-866-638-1232	Language Line Services	1-800-385-4104
Eligibility Verification (by phone)	1-866-638-1232 (MA) 1-800-822-2447 (CHIP)	Complaints, Grievances & Appeals	Complaints Grievance and Appeals 2000 Market Street, Suite 850 Philadelphia, PA 19103 Fax: 1-860-754-1757 Email: PAMedicaidAppeals&Grievance@AETNA.com
Claim Submission Address/Payor ID	Aetna Better Health PA P.O. Box 62198 Phoenix, AZ 85082-2198 Emdeon Payor ID: 23228	eviCore®	Link: www.medsolutionsonline.com Link: www.Evicore.com Radiology: 1-888-693-3211 Pain Management: 1-888-393-0989 Client Services: 1-800-575-4517
Prior Authorization Phone and Fax Numbers	P: 1-866-638-1232 F: 1-877 363-8120 Form Link: https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/PriorAuthForm-PA_JF_SP2_FINAL.pdf	Real Time support via Emdeon: Claim Inquiry & Response (276/277); Eligibility Inquiry & Response (270/271); and Health Service Review Inquiry & Response (278)	Emdeon Payor ID: 23228
Provider Manual	https://www.aetnabetterhealth.com/pennsylvania/providers/manual	EFT / ERA	Form Link: https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/provider-forms/EFT-AuthorizationEnrollmentForm-PA.pdf
Website	www.aetnabetterhealth.com/pennsylvania	Vision	Superior Vision: 1-866-819-4298 www.superiorvision.com
Provider Web Portal	www.aetnabetterhealth.com/pennsylvania/providers/portal	Provider Relations, Contracting & Updates	P: 1-866-638-1232 F: 1-860-754-5435 Email: ABHProviderRelationsMailbox@AETNA.com
Peer to Peer Request	1-959-299-6960	Special Needs Unit	1-855-346-9828
Member Services	1-866-638-1232 (MA) 1-800-822-2447(CHIP)	Dental	SKYGEN Provider Services: 1-800-508-4892 Website: https://skygenusa.com

Pennsylvania Department of Human Resources

Dept of Human Services Helpline	1-800-692-7462	Provider Inquiry Hotline	1-800-537-8862 Prompt 4
Behavioral Health	1-800-433-4459	Pharmacy Hotline	1-800-558-4477 Prompt 1
OMAP - HealthChoices Program Complaint, Grievance, & Fair Hearings	1-800-798-2339 PO Box 2675 Harrisburg, PA 17105-2675	MA Provider Enrollment Applications / Changes	1-800-537-8862 Prompt 1
Eligibility Verification System (EVS) – Phone	1-800-766-5387	Outpatient Providers Practitioner Unit	1-800-537-8862 Prompt 1
Eligibility Verification System (EVS) – Website	http://www.dhs.pa.gov/provider/frequentlyaskedquestions/accesscardsevseligibilityquestionsandanswers/index.htm	MA Provider Compliance Hotline	1-800-333-0119

2020 Quick Reference Guide

Mental Health, Drug & Alcohol Services

Aetna Better Health recipients receive mental health, drug, and alcohol services through Behavioral Health (BH) Managed Care Organizations (MCO) in each county. Please refer to the list below to contact the office in the member's county.

County	BH MCO / Phone	County	BH MCO / Phone
Adams	CCBHO 800-553-7499	Lackawanna	CCBHO 800-553-7499
Allegheny	CCBHO 800-553-7499	Lancaster	PC 888-722-8646
Armstrong	VBH 877-615-8503	Lawrence	VBH 877-615-8503
Beaver	VBH 877-615-8503	Lebanon	PC 888-722-8646
Bedford	PC 866-773-7891	Lehigh	MBH 888-207-2911
Berks	CCBHO 800-553-7499	Luzerne	CCBHO 800-553-7499
Blair	CCBHO 800-553-7499	Lycoming	CCBHO 800-553-7499
Bradford	CCBHO 800-553-7499	McKean	CCBHO 800-553-7499
Bucks	MBH 888-207-2911	Mercer	VBH 877-615-8503
Butler	VBH 877-615-8503	Mifflin	CCBHO 800-553-7499
Cambria	MBH 888-207-2911	Monroe	CCBHO 800-553-7499
Cameron	CCBHO 800-553-7499	Montgomery	MBH 888-207-2911
Carbon	CCBHO 800-553-7499	Montour	CCBHO 800-553-7499
Centre	CCBHO 800-553-7499	Northampton	MBH 888-207-2911
Chester	CCBHO 800-553-7499	Northumberland	CCBHO 800-553-7499
Clarion	CCBHO 800-553-7499	Perry	PC 888-722-8646
Clearfield	CCBHO 800-553-7499	Philadelphia	CBH 888-545-2600
Clinton	CCBHO 800-553-7499	Pike	CCBHO 800-553-7499
Columbia	CCBHO 800-553-7499	Potter	CCBHO 800-553-7499
Crawford	VBH 877-615-8503	Schuylkill	CCBHO 800-553-7499
Cumberland	PC 888-722-8646	Snyder	CCBHO 800-553-7499
Dauphin	PC 888-722-8646	Somerset	PC 866-773-7891
Delaware	MBH 888-207-2911	Sullivan	CCBHO 800-553-7499
Elk	CCBHO 800-553-7499	Susquehanna	CCBHO 800-553-7499
Erie	CCBHO 800-553-7499	Tioga	CCBHO 800-553-7499
Fayette	VBH 877-615-8503	Union	CCBHO 800-553-7499
Forest	CCBHO 800-553-7499	Venango	VBH 877-615-8503
Franklin	PC 866-773-7917	Warren	CCBHO 800-553-7499
Fulton	PC 866-773-7917	Washington	VBH 877-615-8503
Greene	VBH 877-615-8503	Wayne	CCBHO 800-553-7499
Huntingdon	CCBHO 800-553-7499	Westmoreland	VBH 877-615-8503
Indiana	VBH 877-615-8503	Wyoming	CCBHO 800-553-7499
Jefferson	CCBHO 800-553-7499	York	CCBHO 800-553-7499
Juniata	CCBHO 800-553-7499		

Medical Assistance Transportation Program (MATP)

Please refer recipients needing assistance with transportation to these local county offices. Recipients can use these numbers to obtain information on how to enroll in the MATP program. For more information, visit matp.pa.gov.

County	Phone	County	Phone
Adams	800-632-9063	Lackawanna	570-963-6482
Allegheny	888-547-6287	Lancaster	800-892-1122
Armstrong	800-468-7771	Lawrence	888-252-5104
Beaver	800-262-0343	Lebanon	717-273-9328
Bedford	814-643-9484	Lehigh	888-253-8333
Berks	800-383-2278	Luzerne	800-679-4135
Blair	800-458-5552	Lycoming	800-222-2468
Bradford	800-242-3484	McKean	866-282-4968
Bucks	888-795-0740	Mercer	800-570-6222
Butler	866-638-0598	Mifflin	800-348-2277
Cambria	888-647-4814	Monroe	888-955-6282
Cameron	866-282-4968	Montgomery	215-542-7433
Carbon	800-990-4287	Montour	800-632-9063
Centre	814-355-6807	Northampton	888-253-8333
Chester	877-873-8415	Northumberland	800-632-9063
Clarion	800-672-7116	Perry	800-632-9063
Clearfield	800-822-2610	Philadelphia	877-835-7412
Clinton	800-206-3006	Pike	866-681-4947
Columbia	800-632-9063	Potter	800-800-2560
Crawford	800-210-6226	Schuylkill	888-656-0700
Cumberland	800-632-9063	Snyder	800-632-9063
Dauphin	800-309-8905	Somerset	800-452-0241
Delaware	866-450-3766	Sullivan	800-242-3484
Elk	866-282-4968	Susquehanna	866-278-9332
Erie	800-323-5579	Tioga	800-242-3484
Fayette	800-321-7433	Union	800-632-9063
Forest	800-222-1706	Venango	814-432-9767
Franklin	800-632-9063	Warren	877-723-9456
Fulton	800-999-0478	Washington	800-331-5058
Greene	877-360-7433	Wayne	800-662-0780
Huntingdon	800-817-3383	Westmoreland	800-242-2706
Indiana	888-526-6060	Wyoming	866-278-9332
Jefferson	800-648-3381	York	800-632-9063
Juniata	800-348-2277		