Provider Newsletter

Summer/Fall 2021

In this issue

Ensuring Use of Our Correct Payer ID – Check Your Records

Coventry Payer ID Number 25133 Is No Longer Valid

For some time now, we have allowed providers to use the outdated Coventry HealthCare payer ID number 25133 when submitting claims for Aetna Better Health of Pennsylvania members. As a courtesy to our providers, those claims have been redirected to the correct Aetna Better Health of Pennsylvania Payer ID number 23228.

We are making you aware that effective November 1, 2021 the courtesy redirects will end. **Claims being sent to the invalid payer ID number will be rejected.**

Avoiding Claim Rejections and Payment Delays

Please check your systems and processes to ensure you are ONLY submitting claims for Aetna Better Health of Pennsylvania members **using the Aetna Better Health of Pennsylvania Payer ID number 23228**.

If you have any questions about our claim submission process you can contact our Provider Relations Department by calling **1-866-638-1232**.

Did you miss an MAB?

If you missed a recent Medical Assistance Bulletin, just go to **https://www.dhs.pa. gov/docs/For-Providers/Pages/Bulletin-Search.aspx**.

Do we have a match?

We want to help ensure the claims you submit to Aetna Better Health process correctly and timely.

To help us process your claims, it is imperative that your practice or group name provided matches the name used in Pennsylvania's PROMISe database. Also, make sure you are using a valid Service Location that is registered in PROMISe.

The requirement from the State and Aetna Better Health is at least one of the active organization/ provider names match the Group Practice provider names found on the providers NPPES NPI Registry record.

We require your provider group to update the State PROMISe system with a current active PROMISe ID/ Service Location ID record, with at least one Service Location ID reflecting the organization name which matches the name in NPPES.

Please review your organization name(s) in PROMISe, and if necessary, NPPES, and make any updates as needed to avoid claim delays.

Pharmacy Updates

You can refer to our provider website or provider manual for pharmacy information including:

- 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.

Need COVID-19 Resources?

Check out our **COVID-19 Resource web page** where you'll find answers to your billing and coding questions, Telehealth guidance, FAQ's, COVID-19 specific updates and Notices as well as State Updates and Resources.

Check out the Optum ONAF Portal

Aetna Better Health of Pennsylvania has partnered with Optum OB Care for online submission of the Obstetrical Needs and Assessment Form (ONAF). The ONAF form is an assessment tool that helps improve outcomes for pregnant mothers.

If you are new to this platform you can get started by going to **https://obcare.optum.com/** and under Create an Account, click on Register.

If you already have an OptumID, under 'Returning Users', click on Sign In and use your OptumID credentials to login to OBCare to begin submitting your patient's ONAF forms.

For issues, problems, or questions relating to the OB Care application, please contact: **1-800-765-6808** IRD_client_support@optum.com

Thank you from your Case Management Team here at Aetna Better Health of Pennsylvania!

Calling all Dental Providers: Every Smoker, Every time Training!

To be eligible to bill tobacco cessation counseling (D1320) effective July 1, 2021 Dental Providers must have a Tobacco Counseling Certification.

Every Smoker, Every Time is a free online training providing entry level tobacco use-related education for behavioral and primary health care staff, pharmacists, counselors, social workers, dental providers and others. Dental Providers may take the course by visiting the following link (see the course for Dentist through the PA Coalition for Oral Health): **https://www.livehealthypa. com/data-resources/data/tobacco/ every-smoker-every-time**

The Pennsylvania Department of Health (DOH) maintains an online statewide listing of tobacco cessation counseling services. To be listed on the registry, providers are required to submit an application to DOH and complete the *Every Smoker, Every Time* training program. Providers will receive a Certificate of Completion that must be included with their completed registry application.

Please visit the following link for information on being added to the registry and information on the *Every Smoker, Every Time* training program. (**https://www.health.pa. gov/topics/programs/tobacco/Pages/ Registry.aspx**)

Please note, a copy of the Tobacco Counseling Certification must be sent to the SKYGEN USA Provider Services team (**providerservices@skygenusa.com**).

If you have any questions about this new code or associated requirements providers can contact the Provider Services team (**providerservices@skygenusa.com**).

The Availity Provider Portal is now open to all Aetna Better Health of Pennsylvania Providers
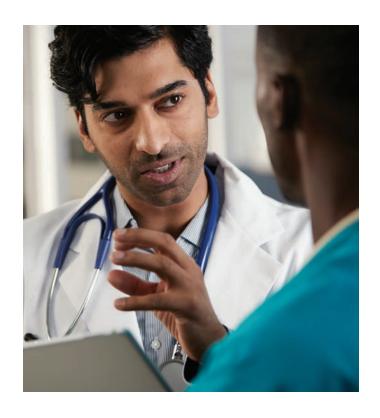
Easy Method, Helpful Tools

You told us you wanted one efficient workflow to communicate with payers, so we teamed up with Availity® to streamline the process. We are excited to announce that Aetna Better Health is now on the Availity Provider Portal, the same platform used by Aetna Commercial and Medicare. That means you only need access to one website to interact with all Aetna products, using your secure Availity username and password.

On the Availity portal for Aetna Medicaid providers, you can use:

- Payer Spaces
- Claims Submission Link (Change HealthCare)
- Contact Us messaging
- Claims status inquiry
- Appeals and Grievances
- Grievance submission
- Appeal submission
- Grievance and appeals status
  - Grievance submission
  - Appeal submission
  - Grievance and appeals status
- Panel Roster-Panel lookup
- Reports
  - PDM/ProReports (Provider Deliverables Manager)
  - Ambient (business intelligence reporting)
- Prior Authorization-Submission and status lookup

Availity feature timeline

- Eligibility and Benefits in Q2/2021
- Remit PDF in Q3/2021
- Enhanced Panel Roster in Q3/2021
- Enhanced G&A tool in Q3/2021

Already Registered?

If you are already registered in Availity, you will simply select Aetna Better Health from your list of payers to start using the available tools and features above.

Get registered

If you are not registered, we recommend that you do so immediately. Go to the Get Started with Availity Provider Portal microsite for free tips and training on how to register with Availity.

For registration assistance, just call Availity Client Services at **1-800-282-4548** between 8:00 am and 8:00 pm Eastern, Monday-Friday (excluding holidays). Un-registered providers should watch for the emails coming soon from Availity, there will be a wealth of information in there to assist you on what your next steps should be.

COMING SOON

Visit our Landing Page at **www.availity.com/ AetnaMedicaidProviders** where you will find information about our new Availity Provider Portal.

The Availity Provider Portal is live. Join the crowd today and sign up!

Availity is the new destination where health plans connect with their providers for meaningful collaboration. Availity is live for all Aetna Medicaid plans. More features are being added throughout the year.

Through a sophisticated, multi-payer portal and Intelligent Gateway solution, Availity simplifies complex provider engagement processes like HIPAA transactions, provider demographic data management, clinical data exchange and much more. Built on a powerful, intelligent platform, Availity puts data to work through business solutions that strengthen communications, improve financial performance, and simplify processes and systems.

If you are new to Availity and want to register your provider organization, you'll begin by creating your Availity user account. You'll start by clicking Register on the Availity home page to create your user account at **Availity.com/provider-portal-registration**.

Reminder: PROMISe Billing Requirements

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/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**.

Meeting our members' language needs

Aetna Better Health of Pennsylvania serves all 67 counties within the Commonwealth of Pennsylvania. Our membership is diverse. While the majority of our members have English as their primary language, we'd like to provide you an overview of the top 5 languages spoken by our members.

As shown in the chart below, Spanish is the prevalent non-English language spoken by members of Aetna Better Health, followed by Vietnamese and Arabic.

If you are in need of translation or interpretation services for your patients, please contact our Member Services Department at **1-866-638-1232** for Medicaid, or **1–800-822-2447** for CHIP.

Language	2018 N=201,655		2019 N=203,078		2020 N=245,902	
	Count	%	Count	%	Count	%
Spanish	5,518	2.74%	5,904	2.91%	7865	3.20
Vietnamese	200	0.10%	197	0.10%	239	0.10
Arabic	157	0.08%	141	0.07%	214	0.09
Mandarin	153	0.08%	193	0.10%	263	0.11
Russian	116	0.06%	105	0.05%	147	0.06

The Aetna Better Health Plan of Pennsylvania Portal is Getting an Upgrade!

ConnectCenter will soon replace Emdeon Office, giving you a more reliable, more complete way to submit claims and verify member information, all at no cost to you. The transition to ConnectCenter will take place over the next 3 months and will be completed by May 30, 2021.

You can **get started** TODAY!

You will be able to setup a new account in just seconds. Once you have received your new credentials, you may immediately begin checking eligibility. The claim submission feature will be available to you within one business day after setting up your account.

Be sure to bookmark the new login page: **https://physician.connectcenter. changehealthcare.com/#/site/ home?payer=214567**.

You will be able to use your ConnectCenter and Emdeon Office accounts at the same time until May 30, 2021. After May 30, most of your Emdeon Office account will be deactivated. However, we will provide continued access to old claims by allowing you to log in directly to the Reporting & Analytics feature, within Emdeon Office.

To ensure you have as much time as possible to transition to ConnectCenter, we highly recommend that you start using it immediately. User guides and similar material links are included below to help answer any questions you might have.

Here are a few of the improvements you can look forward to with ConnectCenter:

- Claims users no longer need to choose between data entry of claims and upload of 837 files. All users may do both.
- Secondary and tertiary claims can be submitted.
- Institutional claims are supported.
- Claims created online are fully validated in real-time so that you can correct them in real-time.
- Whether you upload your claims or create them online, your claim reports are integrated with the claim correction screen for ease in follow-up.
- Dashboard and work list views makes managing your billing to-do list a snap
- On-shore customer support available through online chat (as well as by phone)

Helpful Resources and Guides

- **Signing Up**
- **Getting Started With Claims**
- **Keying a Professional (CMS1500) ClaimOnline**
- **Keying an Institutional (UB04) Claim Online**
- **Getting Started With Eligibility**
- **Getting Started With Claim Status**
- **Getting Started with Provider Management**

*Tip: To save any of these guides for later use, right click on the link to the guide and choose an option such as "Save Link As." (The name of the download command varies between different browsers.) Once the "Save As" popup window opens, be sure to note where the guideline is being saved. The default directory is often (but not always) your Downloads folder.

Provider Facility Location Name and NPI Number Required

Aetna Better Health of Pennsylvania requires that when a service is provided in a facility and the provider is submitting a professional claim, the service facility information must be submitted.

Per the X-12 Health Care Claim Professional 837 Billing Guide, this field is situational; however, required when the location of health care service is different than that carried in Loop 2010AA (Billing Provider). The purpose of this loop is to identify specifically where the service was rendered. Aetna Better Health of Pennsylvania and Aetna Better Health Kids will deny claims for certain provider types if the facility location name and NPI number is missing from your claim.

Specific Claim Requirements:

The service facility location **must** be populated in Loop 2310C Segment NM109.

- Service Facility Location Name, Address and Nine Digit Zip in box 32 on the CMS1500.

- Service Facility Location NPI in box 32a on the CMS 1500.

If the facility location information is not included on the claim, the claim will deny.

Your claim will deny if the facility number is not numeric or is missing **AND** the place of service (POS) is:
21 – Inpatient Hospital;
22 – Outpatient Hospital;
23 – Emergency Room;
24 – Ambulatory Surgical Center;
31 – Skilled Nursing Facility; or
32 – Nursing Facility.

If there are any services that are not actually done at the facility for a recipient, then the Place of Service (POS) should not be 21, 22, 23, 24, 31 or 32.

Reinstatement of Pre-COVID Prior Auth Requirements

Effective for dates of service on and after July 16, 2021, Aetna Better Health and Aetna Better Health Kids will **reinstate** any prior authorization requirements put in place on February 29, 2020 due to the COVID Public Health Emergency Declaration. This includes all services **except** for shift care for children under the age of 21.

Prior authorization requirements continue to be suspended for shift nursing and shift home health aide services, as described in Quick Tip #241.

While the authorization requirements for shift care services continue to be suspended for claims payment purposes, services will be subject to a retrospective review for medical necessity.

Prior authorization requirements will be reinstated for the following services:

- Inpatient Hospital Admissions

- Long-Term Acute Care Hospitals

- Home Health

- Hospice Services

- Inpatient Rehabilitation Services

- Skilled Nursing Facility Services

- Medical Supplies and DME, to include the procedure codes and items listed in **Quick Tip 241**.

- Radiology Services – CT scans of the chest related to the diagnosis or treatment of COVID-19.

Read the full reinstatement MAB 99-21-03.

Questions?

Please contact our Provider Relations department at **1-866-638-1232**, with any questions regarding this update.

837 I/P Taxonomy Requirement

Consistent with the DHS new PROMISe and service location requirements, providers billing CMS1500/837P and UB-04/837I submissions for Medicaid/CHIP patients enrolled in with Aetna Better Health of Pennsylvania must bill with the appropriate taxonomy code for rendering, attending and billing providers. There must be a valid 10-alpha/numeric taxonomy code consistent with the provider's specialty and services being rendered for appropriate claim adjudication.

Professional Claims – CMS1500/837P Taxonomy Guidance
837P:

- When the rendering provider is the individual who submitted the claim, submit the rendering provider's taxonomy in the 2310B loop within the PRV segment.

- When the rendering provider is the same entity as the billing provider, the rendering provider loop should be omitted and the taxonomy should be submitted in 2000A loop with the PRV segment.

- Please refer to the 5010 electronic implementation guide for further clarification or questions.

CMS1500:

- Box 24I shaded = The qualifier ZZ.

- Box 24J shaded = Rendering provider taxonomy.

- Box 33B = Billing provider qualifier and taxonomy. Enter the two-digit qualifier – ZZ followed by the taxonomy. Do not enter a space, hyphen, or other separator between the qualifier and taxonomy.

Institutional Claims – CMS1450/837I Taxonomy Guidance
837I:

- Billing provider taxonomy should be submitted in 2000A loop with the PRV segment.

- Attending provider taxonomy should be submitted in 2310A loop within the PRV segment.

- Please refer to the 5010 Electronic implementation guide for further clarification or questions.

CMS1450:

- FL81 = Billing provider qualifier and taxonomy. Enter the two-digit qualifier – B3 followed by the taxonomy in the adjacent box.

- FL76 = Attending provider qualifier and taxonomy. Enter the two-digit qualifier – B3 followed by the Taxonomy in the adjacent box.

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**.

The Notices are divided into five categories to make it easier to see what you are interested in finding. Check it out today!

Need to Update Your Provider Info?

We've made changing your demographic information easier! We now have an online form you can fill out and hit submit and that's it! The process is easier, quicker and more accurate. **Update your info today!**

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:

Fax: 877-363-8120, or

Aetna Better Health of PA
Attn: Medical Management Dept
1425 Union Meeting Road
Blue Bell, PA 19422

Delegated Specialty Vendors

Aetna Better Health of PA utilizes select vendors for benefit management services for dental, vision, high-end radiology services and oncology treatment plans.

Contact these delegated specialty vendors directly for benefit, prior authorization or oncology treatment plan information.

Dental

SKYGEN USA performs dental benefit management services on behalf of Aetna Better Health of PA and Aetna Better Health Kids.

SKYGEN USA	Provider Services:
P.O. Box 628	**1-800-508-4892**
Milwaukee, WI 53201	

Vision

Superior Vision provides vision services to MA and CHIP members under Aetna Better Health of Pennsylvania & Aetna Better Health Kids.

Superior Vision	Member Services:
939 Elkridge Landing Rd.	**1-800-428-8789**
Suite 200	Provider Services:
Linthicum, MD 21090	**1-866-819-4298**

Radiology

EviCore Healthcare performs utilization management services on behalf of Aetna Better Health of Pennsylvania & Aetna Better Health Kids for the following:
- Cardiology (Cardiac imaging)
- Musculoskeletal (Pain management)
- Radiology Management (Includes advanced imaging such as CT, MRI, MRA, PET scans, and diagnostic OB ultrasounds)

eviCore Healthcare	**1-888-693-3211**
400 Buckwalter Pkwy	Fax: **1-844-822-3862**
Bluffton, SC 29910	

Oncology

Oncology treatment plans must be submitted to NantHealth via their web portal, Eviti Connect, which will expedite clinical review of any chemotherapy, radiation therapy, or supportive medications that require prior authorization by Aetna Better Health.

NantHealth	**1-888-482-8057**
2040 E Mariposa Ave.	
El Segundo, CA 90245	

Address Change
Complaints, Grievances and Appeals

Starting September 1, 2021 the Aetna Better Health of Pennsylvania **Complaints, Grievances and Appeals (CGA) mailing address is changing**. There will be two different addresses for member CGA and a different provider CGA address.

Please use these new addresses beginning 9/1/21.

* Our mailing address and claims addresses are not changing.

Aetna Better Health of Pennsylvania Complaints, Grievances and Appeals

New Address:
Member Appeals

PO Box 81139
5801 Postal Road
Cleveland, OH 44181

Aetna Better Health of Pennsylvania Complaints, Grievances and Appeals

New Address:
Provider Appeals

PO Box 81040
5801 Postal Road
Cleveland, OH 44181

Provider HEDIS® Training 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
- 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

August 2021
- Closing HEDIS gaps in care for members 12 to 20 year old and EPSDT/Bright Futures
- HEDIS Measures of Care for Women and Maternity Care

September 2021
- Takeaways from the 2021 HEDIS Medical Record Review
- HEDIS Measures for Members with a Serious Mental Illness or Serious Emotional Disturbance

October 2021
- Closing HEDIS Gaps in Care for Male and Female Members in the Medicaid and Medicare Population
- HEDIS Measures collected using Electronic Clinical Data Systems (ECDS)

November 2021
- HEDIS Measures Pertaining Substance Abuse and Mental Illness
- Coding Specific Topic: Closing HEDIS Gaps In Care Before HEDIS 2022

December 2021
- Reducing the Burden of Medical Record Review and Preparing for HEDIS

We've Improved the Provider Enrollment and Credentialing Process

We've updated our Join our Network page on our website to make it easier to navigate and find what you're looking for easier. We even added a fillable form you can save and email to us if you are adding multiple providers to a group contract. **Check it out**!

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!

Learn about our Maternal, Infant and Early Childhood Home Visiting Program

Do you have Aetna Better Health members who are expecting a baby? Whether this is her first baby, or she's delivered before, we hope you'll let her know about the Maternal Infant Home Visiting Programs that are available right in her community. High-risk and non-high risk mothers have access to the program.

Program Overview

We cover home visits conducted by nurses and other trained professionals starting during pregnancy and continuing through the child's 2nd year of life. These professionals will conduct assessments geared toward promoting positive birth outcomes, infant and early childhood development, as well as parenting education.

This family focused approach offers concrete support and encouragement at a time when it is needed most. This program assists by:

- Promoting health and well-being
- Developing a plan to meet personal and family goals
- Parenting practices and techniques
- Connecting with local community resources
- Helping coordinate care with physicians
- Reducing harmful health behaviors
- Identifying pregnancy complications
- Improving child's physical and emotional milestones
- Enhancing parent–child interactions
- Addressing child safety concerns

Here are just a few examples of programs that could be right for your patient!

- Nurse Family Partnership® (NFP)
- Maternity Care Coalition
- Healthy Families of America® (HFA)
- Parents as Teachers® (PaT)
- Early Head Start
- SafeCare Augmented
- Healthy Start
- Etc.

There may be more local programs in or near your patient's community that are not listed above.

Our Care Managers or Community Health Workers can help answer questions and help you get our members connected and enrolled with a program that fits them best. You can also call or help mom call our Special Needs Unit at **1-855-346-9828** to speak with one of our Case Management representatives today who can locate resources.

Provider Pay for Quality (P4Q) Program

Aetna Better Health of Pennsylvania is introducing the 2021 Medicaid Pay for Quality (P4Q) Program to our valued provider network. The goal of the program is to partner with our providers to engage members in their routine healthcare services throughout the calendar year.

Routine care that you provide in your office may include services that focus on prevention, management of chronic diseases, medication education, and maternity care. By partnering with you, we can ensure members receive needed care and education so they can avoid health issues such as:

• Exacerbations in chronic conditions that include asthma, diabetes, or hypertension
• Trips to the emergency room
• Hospital admissions
• Preterm delivery
• Cavities, gum disease, periodontal disease

To be eligible for the program, providers must meet minimum panel requirements of assigned ABH-PA members and be licensed as a primary care provider, dentist, or OB/GYN. Eligible providers will be rewarded for submission of complete coding, capture of services provided, excellent care, and satisfying quality targets. In turn, this will result in healthier member outcomes and improved quality scores.

How does the P4Q program work?

• P4Q is based on practice-specific administrative data tied to a variety of clinical quality and utilization guidelines.
  - Administrative data includes claims coding or direct data feeds
  - Medical record submission will not count towards P4Q payments.
• The program measurement year is the 2021 calendar year for dates of service January 1 - December 31, 2021.
• Maternity measures include care of members with deliveries from October 8, 2020 – October 7, 2021
• Incentive payments are paid to providers at the Tax ID (TIN) level
• Payments are made on a once per year per member basis unless specified in the table below.
  - Please see the below table for payment schedules, measures in the program, panel requirements, required service, required benchmarks, and incentive amount.

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.

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.

Annually, we inform our members of their rights and responsibilities in the member handbook, member newsletter and other mailings. Their Rights and Responsibilities are also posted within the For Members section of our website at **AetnaBetterHealth.com/pennsylvania/members**.

We ensure 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**.

Our Community Health Workers Stay Engaged

The Community Health Workers (CHW) at Aetna Better Health of Pennsylvania (ABHPA) have been staying very busy, even during the pandemic. Our team of dedicated and compassionate Community Health Workers are spending a big part of their days outreaching to our members about the COVID-19 vaccine.

CHWs have been calling members in groups most at risk for COVID-19 especially persons of color in urban areas. CHWs are providing in depth vaccination education and even helping members make vaccination appointments close to where they live.

ABHPA is currently working with several vaccine providers in all five regions of Pennsylvania including CVS Pharmacy to support our members, and your patients, in the vaccination process. As of the end of April we have outreached to literally thousands of Aetna Better Health members across the Commonwealth. But be sure, our collaborative vaccination effort will continue for months!

If you are interested in collaborating with Aetna Better Health of Pennsylvania in your vaccination efforts please email Angela Kritzer, Manager of Social Determinants of Health at **KritzerA@aetna.com**.

2021 Quick Reference Guide

Aetna Better Health® of Pennsylvania

Administrative Office	1425 Union Meeting Road Blue Bell, PA 19422 1-866-638-1232 (MA) 1-800-822-2447 (CHIP)	Claims Customer Service Contact	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)	Provider Complaints, Grievances & Appeals	Complaints Grievance & Appeals PO Box 81040 5801 Postal Road Cleveland, OH 44181 Fax: 1-860-754-1757 Email: PAMedicaidAppeals&Grievance@Aetna.com
Claim Submission Address/Payor ID	Aetna Better Health® of Pennsylvania P.O. Box 62198 Phoenix, AZ 85082-2198 Emdeon Payor ID: 23228	eviCore®	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 AetnaBetterHealth.com/Pennsylvania/assets/pdf/provider/PriorAuthForm-NDCCode_PA_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	AetnaBetterHealth.com/Pennsylvania/providers/manual	EFT / ERA	AetnaBetterHealth.com/Pennsylvania/assets/pdf/provider/provider-forms/EFT-AuthorizationEnrollmentForm-PA.pdf
Website	AetnaBetterHealth.com/Pennsylvania	Vision	Superior Vision: 1-866-819-4298 SuperiorVision.com
Provider Web Portal	AetnaBetterHealth.com/Pennsylvania/providers/portal	Provider Relations, Contracting & Updates	P: 1-866-638-1232 F: 1-860-754-5435 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

Pennsylvania Department of Human Services 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)	1-800-766-5387 DHS.pa.gov/providers/Providers/Pages/EVI.aspx	Outpatient Providers Practitioner Unit	1-800-537-8862 Prompt 1
		MA Provider Compliance Hotline	1-800-333-0119

2021 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.

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	BH MCO / Phone	County	BH MCO / Phone	County	Phone	County	Phone
Adams	CCBHO 800-553-7499	Lackawanna	CCBHO 800-553-7499	Adams	800-632-9063	Lackawanna	570-963-6482
Allegheny	CCBHO 800-553-7499	Lancaster	PC 888-722-8646	Allegheny	888-547-6287	Lancaster	800-892-1122
Armstrong	VBH 877-615-8503	Lawrence	VBH 877-615-8503	Armstrong	800-468-7771	Lawrence	888-252-5104
Beaver	VBH 877-615-8503	Lebanon	PC 888-722-8646	Beaver	800-262-0343	Lebanon	717-273-9328
Bedford	PC 866-773-7891	Lehigh	MBH 888-207-2911	Bedford	814-643-9484	Lehigh	888-253-8333
Berks	CCBHO 800-553-7499	Luzerne	CCBHO 800-553-7499	Berks	800-383-2278	Luzerne	800-679-4135
Blair	CCBHO 800-553-7499	Lycoming	CCBHO 800-553-7499	Blair	800-458-5552	Lycoming	800-222-2468
Bradford	CCBHO 800-553-7499	McKean	CCBHO 800-553-7499	Bradford	800-242-3484	McKean	866-282-4968
Bucks	MBH 888-207-2911	Mercer	VBH 877-615-8503	Bucks	888-795-0740	Mercer	800-570-6222
Butler	VBH 877-615-8503	Mifflin	CCBHO 800-553-7499	Butler	866-638-0598	Mifflin	800-348-2277
Cambria	MBH 888-207-2911	Monroe	CCBHO 800-553-7499	Cambria	888-647-4814	Monroe	888-955-6282
Cameron	CCBHO 800-553-7499	Montgomery	MBH 888-207-2911	Cameron	866-282-4968	Montgomery	215-542-7433
Carbon	CCBHO 800-553-7499	Montour	CCBHO 800-553-7499	Carbon	800-990-4287	Montour	800-632-9063
Centre	CCBHO 800-553-7499	Northampton	MBH 888-207-2911	Centre	814-355-6807	Northampton	888-253-8333
Chester	CCBHO 800-553-7499	Northumberland	CCBHO 800-553-7499	Chester	877-873-8415	Northumberland	800-632-9063
Clarion	CCBHO 800-553-7499	Perry	PC 888-722-8646	Clarion	800-672-7116	Perry	800-632-9063
Clearfield	CCBHO 800-553-7499	Philadelphia	CBH 888-545-2600	Clearfield	800-822-2610	Philadelphia	877-835-7412
Clinton	CCBHO 800-553-7499	Pike	CCBHO 800-553-7499	Clinton	800-206-3006	Pike	866-681-4947
Columbia	CCBHO 800-553-7499	Potter	CCBHO 800-553-7499	Columbia	800-632-9063	Potter	800-800-2560
Crawford	VBH 877-615-8503	Schuylkill	CCBHO 800-553-7499	Crawford	800-210-6226	Schuylkill	888-656-0700
Cumberland	PC 888-722-8646	Snyder	CCBHO 800-553-7499	Cumberland	800-632-9063	Snyder	800-632-9063
Dauphin	PC 888-722-8646	Somerset	PC 866-773-7891	Dauphin	800-309-8905	Somerset	800-452-0241
Delaware	MBH 888-207-2911	Sullivan	CCBHO 800-553-7499	Delaware	866-450-3766	Sullivan	800-242-3484
Elk	CCBHO 800-553-7499	Susquehanna	CCBHO 800-553-7499	Elk	866-282-4968	Susquehanna	866-278-9332
Erie	CCBHO 800-553-7499	Tioga	CCBHO 800-553-7499	Erie	800-323-5579	Tioga	800-242-3484
Fayette	VBH 877-615-8503	Union	CCBHO 800-553-7499	Fayette	800-321-7433	Union	800-632-9063
Forest	CCBHO 800-553-7499	Venango	VBH 877-615-8503	Forest	800-222-1706	Venango	814-432-9767
Franklin	PC 866-773-7917	Warren	CCBHO 800-553-7499	Franklin	800-632-9063	Warren	877-723-9456
Fulton	PC 866-773-7917	Washington	VBH 877-615-8503	Fulton	800-999-0478	Washington	800-331-5058
Greene	VBH 877-615-8503	Wayne	CCBHO 800-553-7499	Greene	877-360-7433	Wayne	800-662-0780
Huntingdon	CCBHO 800-553-7499	Westmoreland	VBH 877-615-8503	Huntingdon	800-817-3383	Westmoreland	800-242-2706
Indiana	VBH 877-615-8503	Wyoming	CCBHO 800-553-7499	Indiana	888-526-6060	Wyoming	866-278-9332
Jefferson	CCBHO 800-553-7499	York	CCBHO 800-553-7499	Jefferson	800-648-3381	York	800-632-9063
Juniata	CCBHO 800-553-7499			Juniata	800-348-2277		