



Provider Newsletter

Fall/Winter 2021



AetnaBetterHealth.com/Pennsylvania

Aetna Better Health® of Pennsylvania
Aetna Better Health® Kids

In this issue

Teledentistry Visits with a Dental Hygienist Are Now Covered	2
Maintaining Accurate Provider Rosters, Service Locations and Contact Information	3
Need COVID-19 Resources?	3
Provider Contract General Obligations Reminder	3
Electronic Visit Verification.....	3
Period Poverty and How We Are Partnering to Help	4
Meeting Our Members' Language Needs	5
Reminder: New Member "FFS Eligibility Window"	5
DHS Expansion of Telemedicine Services	5
Referring and Rendering Provider Billing Requirements	6
Is Your Office Contact Information Current?	6
Did You Miss an MAB?	6
Provider Facility Location Name and NPI Number Required	7

Reinstatement of Pre-COVID Prior Auth Requirements	7
HEDIS Webinar Series.....	8
We've Improved the Provider Enrollment and Credentialing Process.....	8
Do We Have Your Email Address?	8
837 I/P Taxonomy Requirement	9
Recent Provider Notices.....	9
Need to Update Your Provider Info?	9
Prior Authorization, Concurrent Review and Retrospective Review Criteria.....	10
CGA Address Change.....	10
Learn About Our Maternal, Infant and Early Childhood Home Visiting Program	11
Provider Pay for Quality (P4Q) Program	12
Member Rights & Responsibilities	13
Our Community Health Workers Stay Engaged	14
2020 Annual Medical Review	15
2021 Quick Reference Guide	16



Teledentistry Visits with a Dental Hygienist Are Now Covered

Who is eligible?

Aetna Better Health of Pennsylvania (Medicaid only) adults and child members age 2–20.

What occurs at this visit?

A dental hygienist can offer oral hygiene instructions, tips for reducing cavities, brushing instructions, demonstrations on brushing, discuss baby bottle caries, discuss the link between diet and cavities (i.e. sugary drink consumption), discuss COVID protocols to help members feel comfortable with in office visits, help members with developmental disabilities acclimate to the office prior to their in office visit to facilitate a better patient experience, check in with pregnant members about oral health concerns that arise during pregnancy and much more. Teledentistry may also help to reduce dental emergency room visits.

What populations can benefit from this service?

- Pregnant members
- Members with developmental disabilities
- Members living in rural settings and who have less convenient access to dental care
- Pediatric members
- Members that have put off regular dental care during the pandemic.

For more information:

Find a provider on [our website](#) or call Member Services at **1-866-638-1232**.



Maintaining Accurate Provider Rosters, Service Locations and Contact Information

Network providers should contact their Provider Relations Consultant or Provider Services with changes to their demographic information. Providers can verify their demographic data at any time using the Aetna Better Health “real-time” [provider network directory](#).

Requests for changes to address, phone number, or tax ID, or additions and/or deletions to group practices, must be made through the online [Provider Change Form](#).

You can also update us via a [paper change form](#).



Email the form:

ABHProviderRelationsMailbox@Aetna.com



Mail form to:

Aetna Better Health of Pennsylvania
Aetna Better Health Kids
Attention: Provider Relations
1425 Union Meeting Road
Blue Bell, PA 19422



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.



Provider Contract General Obligations Reminder

Section: 1.1 of Provider Contracts General Obligations: (e) - requires all Group Providers in all Provider locations, to provide Covered Services to Members in compliance with the terms of this Agreement; any exceptions must be approved in advance, in writing, by Company (Aetna Better Health of Pennsylvania).



Electronic Visit Verification (EVV) – URGENT Reminder

The Pennsylvania Department of Human Services issued a mandate effective January 1, 2021 regarding verifying home health personal care visits electronically. Aetna Better Health of Pennsylvania (ABHPA) is partnering with Sandata. Sandata will collect the EVV information, verify that required elements are present and then send that information to ABHPA.

Failure to submit EVV data will impact our ability to process your claims for payment. Claims will deny, when the EVV data is missing. Please ensure you are billing correctly, that you are submitting your EVV data to a vendor of your choice and that your vendor is submitting your data to Sandata.

Please note: If your agency has more than one 9-digit Master Provider Index number (MPI#), testing must be done for each MPI#. Additionally, you must ensure all electronic visit verification data is submitted back to January 1, 2021.

If you have any questions or concerns related to data submission please contact Sandata at **1-855-705-2407** and submit a ticket.



Period Poverty and How We Are Partnering to Help



Period poverty is a subject that many are unaware of unless it directly affects them. Period poverty is defined as having inadequate access to feminine care and hygiene products one needs during a menstrual cycle. Aetna Better Health of Pennsylvania's Community Health Worker (CHW) team partnered with No More Secrets, a non-profit organization based out of Philadelphia, to help tackle this issue.

No More Secrets opened "The SPOT" in February 2021. This is a place where women from disadvantaged neighborhoods can receive no cost menstrual supplies. The Spot also serves as a space for women to attend seminars and round table discussions about normalizing menstrual cycles, health and hygiene, bodily autonomy, consent, and healthy relationships.

Our CHW team began working with No More Secrets in June 2021. They identified our female members under the age of 21 who had gaps in care related to Cervical Cancer, HPV, and Chlamydia screenings. CHWs then outreached

to these members, in specifically targeted zip codes, to help them schedule their missing screenings and utilize the services No More Secrets offers. CHWs met members at The SPOT to introduce them to the program. They helped these members identify and address any other gaps in care or social determinants of health they may be facing. By meeting the members at their appointments, the CHWs were able to make the most of the member's time and address multiple needs.

In just four months, our CHW team has helped over 70 Aetna Better Health members unlock equitable access to menstrual products, learn about the importance of timely health screenings, and improve their knowledge surrounding their own bodies.

Our Aetna CHW team continues to outreach to our members helping them address their specific gaps in care and introduce them to the wonderful new organization that is No More Secrets.



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.

Language	2018		2019		2020	
	N=201,655		N=203,078		N=245,902	
	Count	%	Count	%	Count	%
Spanish	5,518	2.47%	5,904	2.91%	7,865	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%



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.



Reminder: New Member "FFS Eligibility Window"

Did you know?

As part of your PA Medical Assistance agreement, providers are obligated to see/treat future Aetna Better Health members in the "Fee For Service (FFS) Window." This window is the 2-4 week period prior to the MCO effective date.

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



DHS Expansion of Telemedicine Services

Check out the recent [DHS Medical Assistance Bulletin](#) which outlines the expansion of telemedicine services allowed by DHS.



Referring and Rendering Provider Billing Requirements

Below are some tips on how to bill properly to allow for appropriate adjudication and to avoid potential denials and payment retractions.

Referring Provider

- The referring provider is required on the following provider types: 01; 03; 05; 06; 08; 09; 23; 24; 25; 28; 29; 30; 31; & 33.
- The referring and/or the ordering provider is always required for DME providers and claims with drugs being billed.
- If a referring provider is required, then it should be submitted on Box 17 and 17a & 17b.
- If a referring provider is submitted they should be registered in PROMISE.
- If a referring provider is not required, then it should not be billed.

Rendering Provider

- When registered as a group, all professional claims require a rendering provider except for these providers types: 05; 06; 08; 24; 25; 26; 28; 29; 30; 47; 55.
- The rendering provider should be submitted in Box 31; TXNY Box 24J with ZZ modifier & NPI box 24J NPI field.
- When registered as an individual, the rendering provider is not required and does not need to be submitted.

Provider Registration

- 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, were required to be enrolled with DHS and have a valid PROMISE Identification Number (PROMISE ID) for each service location at which a provider operates.
- Visit the [state website](#) to find out how you are registered.



Is Your Office Contact Information Current?

Make sure your contact information is current with us. Just fill out the practitioner information change form and fax it to 1-860-754-5435 or, email it to abhproviderrelationsmailbox@aetna.com.

If you have to make changes to 10+ providers, use our provider roster worksheet. Remember to fill out the entire worksheet. This will allow us to timely update your provider records along with meeting state and NCQA requirements. Once you've updated the spreadsheet, email it to abhproviderrelationsmailbox@aetna.com.



Did you miss an MAB?

If you missed a recent Medical Assistance Bulletin, just go to www.dhs.pa.gov.



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
- 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.



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.

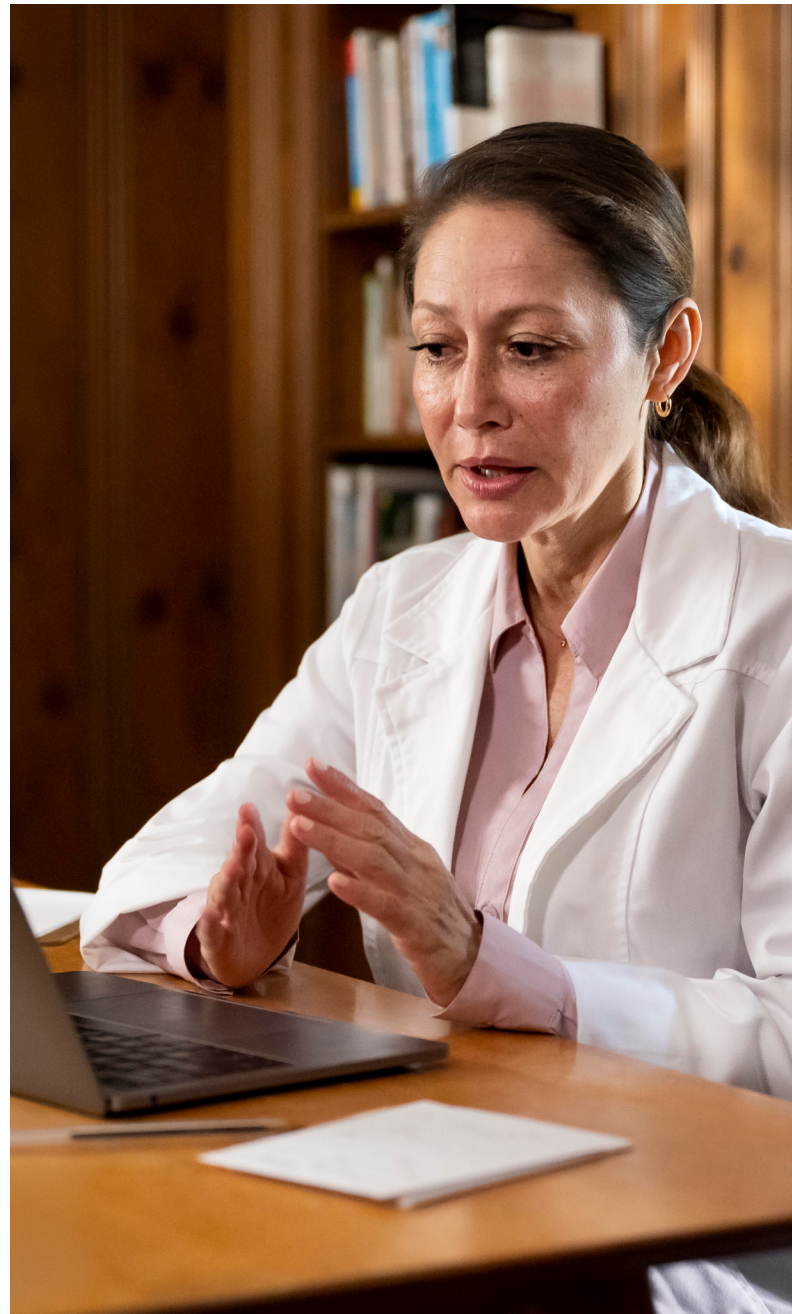
Schedule

November 2021

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

December 2021

- Reducing the Burden of Medical Record Review & Preparing for HEDIS 2022



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!



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.

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

P.O. Box 628
Milwaukee, WI 53201

Provider Services:

1-800-508-4892

Vision

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

Superior Vision

939 Elkridge Landing Rd.
Suite 200
Linthicum, MD 21090

Member Services:

1-800-428-8789

Provider Services:

1-866-819-4298

You can request a copy of the Medical Necessity Criteria by sending a written request:

Fax to: 877-363-8120

Mail to:

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

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

400 Buckwalter Pkwy.
Bluffton, SC 29910

1-888-693-3211

Fax: **1-844-822-3862**

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

2040 E Mariposa Ave.
El Segundo, CA 90245

1-888-482-8057



Address Change

Complaints, Grievances and Appeals

The Aetna Better Health of Pennsylvania **Complaints, Grievances and Appeals (CGA) mailing address changed.** There are now two different addresses for member CGA and a different provider CGA address.

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



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.



2020 Annual Medical Review

Areas for Improvement

The below areas decreased as indicated in the chart provided, they are below the 90% threshold that we have set to demonstrate more than adequate documentation in the medical records of our members. We ask that you continue to work towards offering preventative screenings, capturing personal data, and completing lead risk assessments on all members below the age of 6 years. For assistance with documentation requirements, please contact your Provider Relations Representative.

MRR Results		
Items Reviewed	2019	2020
Member name or ID present on each page	95.04%	99.2%
Personal data	80.17%	76.4%
Entries in the record contain author signature or initials	95.04%	98.4%
All entries are dated	100%	99.2%
All entries are legible	91.74%	98.4%
Allergies or NKA	95.04%	97.6%
Current Problem List	98.26%	98.4%
Past medical history	93.28%	96.9%
History and physical exam	97.52%	96.8%
Follow-up plan/ return visit for each encounter	94.17%	94.5%
Age appropriate immunization record present <21 yrs.	89.47%	90.5%
Preventive screening/services offered	95.00%	86.7%
Treatment plan	98.23%	98.4%
Working diagnosis consistent with findings	100.00%	99.2%
No evidence patient is placed at inappropriate risk	100.00%	99.2%
BP/WT/HT at first visit	83.47%	93.5%
Review of lab or other study results	96.63%	92.9%
Notation of referral communication from specialist; evidence of discharge summary from hospitals, HHA and SNF if applicable	85.71%	94%
Practitioner addresses cultural needs and linguistic competence	58.82%	94.1%
Lead screening questionnaire (6 mos -6ys) completed	57.89%	32.4%

Preventive Screenings/Risk Screenings Offered: There is evidence that preventive screenings and services are offered in accordance with the organization's practice guidelines. Preventive screenings specific to patient age/gender/illness (i.e., mammography, immunizations, HA1C, LDL, etc.) are documented. Age appropriate health education and anticipatory guidance is documented at each EPSDT 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, visit the [CDC lead information](#) website.

Area of Significant Improvement

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.

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 make sure patients understand their care regimen.

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

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 skygenusa.com

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		