AETNA BETTER HEALTH[®] OF NEW YORK Member Care Information Portal User Guide



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Summary

Providers can access the web-based application CaseTrakker[™] Dynamo, (aka Member Portal) to view their member's relevant clinical data, and securely interact with case management staff for optimal quality care.

You can:

- View and manage your individual patients
- View your patient's profile which contains:
 - Demographic information
 - o Critical caregivers' names/relationship
 - o Utilization during the last year for: hospital stays, ER visits, PCP visits, and specialist visits
 - o Self-reported conditions and medications (including OTC, herbals and supplements)
 - o Medications reported through claims
- View and send non-urgent messages about your patients to the patient case manager
- Identify gaps in care and other alerts
- View and update my practice's demographic data and contact information

System Requirements

This portal will perform correctly when used with most major operating systems and Internet Browsers, except for Internet Explorer 6. Additionally, it does not display correctly on mobile devices.





Aetna Better Health Home Page

From the Aetna Better Health[®] home page, you can reach the portal in two ways.



*The State Health Plan website may look a little different.

To Find the Portal

Homepage – Click the "log in" link at the top right section of the homepage.

For providers - Click the "For Providers" link on the homepage. From the "For Provider" page, click the "Portal" on the left hand side navigation.

aetna			Find	a provider
AETNA BETTER HEALTI	H [®] OF		A A English Es	pañol Log in Fraud & abuse Contact us
Home Becom Memb	ne A Fo ber Mem	or For Ibers Providers	Health & Wellness	Search Q
For Providers		For providers		
Join Our Network		Together, we can im	prove health care qu	uality
Manual		At Aetna Better Health of Pennsylva	nia, we value our provider partner	s. We want to make it easy for you to
Pharmacy		Please start by reading our provider our network. We also have informat	manual. If you aren't yet a contra tion about clinical practices, all of t	cted provider, learn more about joining he forms and resources you need, as well
Guidelines		as the latest provider news and notic	<u></u>	
Special Needs Unit		Our network providers and other he services to our members. Good com review our Medicaid quick reference	aith care providers are our partner munication is the key to this succe e guide.	s in the delivery of high-quality health care ssful partnership. Please take a minute to
Notices				
Forms				
Newcletters				
neusicuts				
Portal				
Quick Links				
S Provider portal				
S Provider manual				
Secome a provider				
Prior authorization res	uest form			
	7.5			
Home	Become a member	For members	For providers	Health & wellness
Login	Medicaid	Medicaid	Join our network	Health resources
Contact us	CHIP	CHIP	Manual	Your child's health
Adobe Reader download		information	Pharmacy	Women's health
		Pharmacy	Forms	Men's health
		Newsletters	Notices	
		Portal	Newsletters	

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Registration

To register for the Provider Portal, you can download the form from the Portal information page and fax it to Provider Relations number located on the form. Providers who submit a registration form will receive a letter with their login and password.

AETNA BETTER HEALTH® OF		Find	a provider pañol Log in Fraud & abuse	Contact us
Home Become A Member	For Members For Providers	Health & Wellness	Search	Q
For Providers	Portal			
Join Our Network	Secure web portal	anisa ta aur amuidare and mamh	ore. That's why our HIDAA come	[ant wah
Manual	portal is available 24 hours a day. If	you sign up for the portal, you can	ers. That's why our hip AA-comp :	lant web
Pharmacy	 Submit and verify prior authorizat Verify enrollment 	ons		
Guidelines	Look up claims status Find providers or specialists			
Special Needs Unit	Get information on covered health	services		
Notices	Access and print member panel ro View a searchable version of the f	sters ormulary		
Forms Newsletters	All providers must register for the pro registration. See our provider <u>web p</u> If you are already registered, you ca	wider web portal prior to use by co ortal navigation guide to learn mo n log in here.	ompleting and submitting our <u>wel</u> we about the provider web portal.	<u>b portal</u>
• Portal	Member Care Information po	rtal		
	You can connect to your patients and gives you the ability to complete the	their care teams with Member Ca ONAF online. You can also access	are Information. This secure, onlir ::	ne portal
Quick Links	A real-time listing of your patients			
Servider portal	Information on your practice Email capability with Care Manage	ers		
Servider manual	Already registered? Log in to Memb	er Care Information Portal.		
Secome a provider	Need to register? Register today by	completing this short registration	form.	
Prior authorization request form	For more information, contact your P	rovider Services representative at	t 1-866-638-1232@.	
				_

Login

Once you are registered, you can enter through the Portal login site.

Action - Provid	sм der log in
	User name
	VBALDIN05666
	Password
	••••••
	Log in
• The	e user name or password provided is incorrect.
This disclaimer neither confirms nor denies that this indi directly. This information has been disclosed to you from records p of this information unless further disclosure is expressly perm authorization for the release of medical or other information is NOT	ividual may or may not have a substance use disorder. We recommend you explore these issues with the person irotected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure nitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general F sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.
	Copyright © 2013 Aetna Better Health
This website may not be availab	ble between 11PM and 5AM. Please call Provider Services for immediate help.

Creating a New Password

Use the username and password in the letter (email) you received from Provider Relations to create a new password.

Action - Provider	r log in
L	Jser name
Y	VBALDINO5666
F	Password
•	••••••
	Log in
• The us	ser name or password provided is incorrect.
This disclaimer neither confirms nor denies that this individu directly. This information has been disclosed to you from records prote of this information unless further disclosure is expressly permitted authorization for the release of medical or other information is NOT suf	ual may or may not have a substance use disorder. We recommend you explore these issues with the person scled by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure d by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general fficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.
	Copynght © 2013 Aetna Better Health
This website may not be available l	between 11PM and 5AM. Please call Provider Services for immediate help.



Your Password Has Expired		
Please Choose A New Password		
A strong password should be at least eight characters and have one number a letter.	nd one capital	
New Password	A strong par letter.	ssword should be at least eight characters and have one number and one capital
Repeat New Password		
Chang	e Password	

When saved successfully, choosing "BACK" will bring the provider to the "My patients" page.

3	etr	13		Helio RAN	IDY SUGARMAN! <u>[Logoui</u>]	
Home	page My patients	Messages	Gaps in care	My practice information		
	Saved successfully					
	Back	Copyright (2011 Schaller	Anderson, Incorporated		

*The State Health Plan website may look a little different.

Creating a New Password - errors

-Username and password are incorrect.

-The password chosen is not strong enough.

Resetting Password

Contact Provider Relations to reset your password

Forgetting User Name

Contact Provider Relations to confirm your username



Your Password Has Expired
Please Choose A New Password
A strong password should be at least eight characters and have one number and one capital letter.
Sorry, your password is not strict enough. Your new password must: • Not match any of your previous 10 passwords • Be at least 8 characters long • Include at least 3 of the following - Upper Case Character, Lower Case Character, Number, Non-AphaNumeric Character
New Password
Repeat New Password
Change Password

Welcome Page

The welcome page allows you to choose what type of information you are interested in for your session.

aetna	Hello VIN([Logout]
Home page My patients My information	
Welcome VI	
My patients Manage my patients	
My information View and update my practice's demographic data and contac	t information
This disclaimer neither confirms nor denies that this individual may or may not directly. This information has been disclosed to you from records protected by Federal confic of this information unless further disclosure is expressly permitted by the written contae suborization for the release of medical or other information is NOT sufficient for this purpose alcohol or dro	have a substance use disorder. We recommend you explore these issues with the person lentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disologure of of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general is. The Federal rules restrict any use of the information to criminally investigate or prosecute any up abuse patient.
Copyright © 2013	Aetna Better Health
This website may not be available between 11PM and	5AM. Please call Provider Services for immediate help.
5.4.10	15.2890

My Patient List

From the Home page, if you select the "My patients" tab, you will be able to view your member panel. You also can filter by patient name.

Home page My	patients My information		Hello VI [Logout]
My patients Filter results			
Patient name	Patient ID	DOB	Care managed
ABDI, M	21	1975	No
ABDI, S	21	1997	No
ACEBC	44	1972	No
AHLGR	8:	1950	No
AKUNA	24	1984	No
ALA, CI	41	1954	No
AMEZG	3!	1982	No
ANNOCH	71	1987	No
AREVA	1-	1976	No
ARNET	41	1981	No
ASEN,	61	1998	No
BADDE	2:	2007	No
BADDE	21	2000	No
BANCC	3:	1992	No

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If you are not the patient's Primary Care Physician (PCP)

If you are not the patient's PCP you'll need to complete an attestation. Click on the green "I Certify" button at the bottom of the page.



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Certifying My Patient

If you select "I Certify" to view a member that is not on your panel, you'll need to have the patient's last name, first name, DOB and patient ID (number on the member Medicaid card). This process will have to be repeated each time you close out of the patient's file.

'atient last name Wa	Patient Jennife	first name	JOB //1985	
Patient ID				
Search				
Filter results	Patient ID	DOB	Care managed	
	8898	1985	Yes	
AGNER, JENNIFER				

*The State Health Plan website may look a little different.

Patient Contact Information

Here you can view the patient contact information.

aetna	Hello [Logout]
Home page My patients My information	
Patient contact information Assessments	
Patient contact information for Ms.JENNIFER L WAG	GNER
Patient: Ms.JENNIFER L WA ID number: 8898	DOB/Age: 1985 (28 years) Gender: Female
Main phone 2824	Second phone
Cell phone	E-mail address none@aol.com
Home address 177 EDGEWOOD AVE SAINT THOMAS, PA 17252	Mailing address 177 EDGEWOOD AVE SAINT THOMAS, PA 17252
This disclaimer neither confirms nor denies that this individual may or may not have rectly. This information has been disclosed to you from records protected by Federal confidentia of this information unless further disclosure is expressly permitted by the written consent of	a substance use disorder. We recommend you explore these issues with the person lifty rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general

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ONAF & Assessments

This tab allows you to review the assessments for the patient and submit the electronic "Obstetrical Needs Assessment Form" (ONAF).

aetna	Hello [Logout]
Home page My patients My information	
Patient contact information Assessments	
Assessments for Ms.JENN A new ONAF is required for each pregnancy.	
ONAF Instructions	
Create New ONAF	
This disclaimer address confirms nor during that this individual may or may not have a subst	and the distribution we are sufficient to a su
directly. This information that been disclosed to you from records protected by Federal confidentiality rules of this information unless further disclosure is expressly permitted by the written consent of the perso authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal alcohol or drug abuse patie	ance use unsorter, we recomming you expure these nates with the person (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure on to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general rules festrict any use of the information to craminally investigate or prosecute any nt.
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Obstetrical Needs Assessment Form (ONAF)

Here you can complete a previously submitted ONAF, based on the status section.

Home page My patier	My information		
	my mormadon		
Patient contact inf	ormation Assessments	6	
Assessments for Ms.J A new ONAF is required for each	pregnancy.		
ONAF Instructions			
Existing ONAF must be complete	ed prior to opening a new one. 🧲	-	
/iew Existing ONAFs 🔺	_		
Date	Status		
12/10/2013	Open	View ONAF Assessment	Print ONAF
11/04/2013	Complete	View ONAF Assessment	Print ONAF

*The State Health Plan website may look a little different.

Obstetrical Needs Assessment Form (ONAF) - Continued

Here is what the ONAF looks like through the portal. The star (*) indicates a required field.

<u>aet</u>	na							
Home page My patte	nts My inform	ation						
Created By			Date and Tir	ne			• Status	
VINCENT E BALDINO	NCENT E BALDINO		2013 10:40:25 AM				C Open	
OB/Gyn Office Inform Practice Name	nation:		Phone		* Fax		* MAID	
Provider Practice			(999) 999-9999		(999) 999-9999		9999999999	
Date Initially Entered 11/14/2013	28-32 Weeks Date	Entered	Post	partum Date	Entered	* Form (Rosena	Completed By Saunders	
Member's Infomation	: Last Nam	0		DOB		Age		
ISABELLE	BELE				1978			
Mem.ID/MAID#	Member's Health Plan ABH - Pennsylvania		Healthy Beginnings Plus Member		* He	* Home Phone		
0000094680					(99	(999) 999-9999		
Alternate Phone	Language	(5)		Hospital	for Delivery		* 1st Prenatal Visit 11/14/2013	
EDC by	* Date	*by *0	ate	GA at 1st	t Visit	• G	iravida	
03/10/2014 🔽 LMP	05/28/2013	11 US	/14/2013			2		
Full Term	Pre-Term	• /	B		* SAB		TAB	
1	0	0			0		0	
Living	Height		Weight		BMI		* Date/Last P	
	- person de la composition de				1		00111/2012	

*The State Health Plan website may look a little different.

My Information

Here you can update your contact information.

Betna Mello Hello					
lome page My patients M	y information				
Any updates made here will not affect of payment or if you have any questions.	laims payment. Please contact Provider Serv	ices at (866) 638-1232@ to update information for claims			
Main phone 215	Main fax 2157261257	Secondary phone No phone entered			
Mailing address 5737 Chester Ave Philadelphia , PA 19143	Physical address 5737 Chester Ave Philadelphia, PA 19143				
You can add/edit an additional fax num	ber and edit your e-mail address below.				
Provider identified fax	E-mail ad	E-mail address			

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End of Guide