



Provider Newsletter

Spring/Summer 2020



AetnaBetterHealth.com/Pennsylvania

PA-20-05-07



Aetna Better Health® of Pennsylvania
Aetna Better Health® Kids

In this issue

Do we have your email address?.....	2
Need COVID-19 Resources?.....	2
Important PPE Update: Providing Member PPE During Office Visits.....	2
Reminder: PROMISe Billing Requirements.....	3
Provider Experience Educational Resources.....	3
SUD Confidentiality in Pennsylvania - Stakeholder Survey.....	3
Dental Quality Practice Liaisons.....	4
Care Management and Disease Management Services.....	5
Prior Authorization, Concurrent Review and Retrospective Review Criteria.....	6
Billing Guideline Updates.....	7
Unlisted CPT and HCPCS Codes.....	7
Pharmacy Updates.....	8
Member Rights and Responsibilities.....	8
Need to update your provider info?.....	8
Recent Provider Notices.....	8
Helpful Billing Tip.....	9
Provider Enrollment and Credentialing Application Submission (Individual Providers).....	9
To View Previously Recorded HEDIS® Webinar Series Videos.....	10
Provider Relations Monthly Webinar.....	10
Provider HEDIS® Training Webinar Series.....	11
Submitting Claims Timely.....	12
Prior Authorization Checklist.....	13
Network Relations Consultants.....	14
Large Group and Hospital Assignments.....	15
Pharmacotherapy Quick Guide in Tobacco/Nicotine Treatment.....	16
5 A's of Tobacco/Nicotine Intervention.....	17
2020 Quick Reference Guide.....	18



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!



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.



Important PPE Update: Providing Member PPE During Office Visits

Per DHS bulletin 99-20-07, providers may not charge Aetna Better Health members for PPE used during the delivery of a covered service. The fee for the service plus any required copayment (if applicable) is considered to be payment in full. Providers are prohibited from seeking or receiving any additional payment. Any provider who may have charged Aetna Better Health members for PPE must refund or credit the payment to the member.

Information on MA Program coverage related to COVID-19 can be found on the Department of Human Services website [here](#). The Pennsylvania Department of Health has a dedicated page for COVID-19 that provides regular updates. Click [here](#) for the most up to date information regarding COVID-19.



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://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

Find the complete enrollment requirement and process notice here: <https://provider.enrollment.dpw.state.pa.us/Home/BrowserError>.



SUD Confidentiality in Pennsylvania - Stakeholder Survey

Recently the Pennsylvania Department of Drug and Alcohol Programs (DDAP) gave a presentation at the Managed Care Delivery System Subcommittee meeting about Substance Use Disorder confidentiality requirements in Pennsylvania.

As one of our providers and a stakeholder in SUD issues, DDAP asked that as many stakeholders as possible in Pennsylvania take a confidential, anonymous Online Survey. We strongly encourage your participation in the survey.

The survey will take about 15 minutes to complete and will be open until August 31, 2020.

[TAKE THE SURVEY NOW](#)



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>.

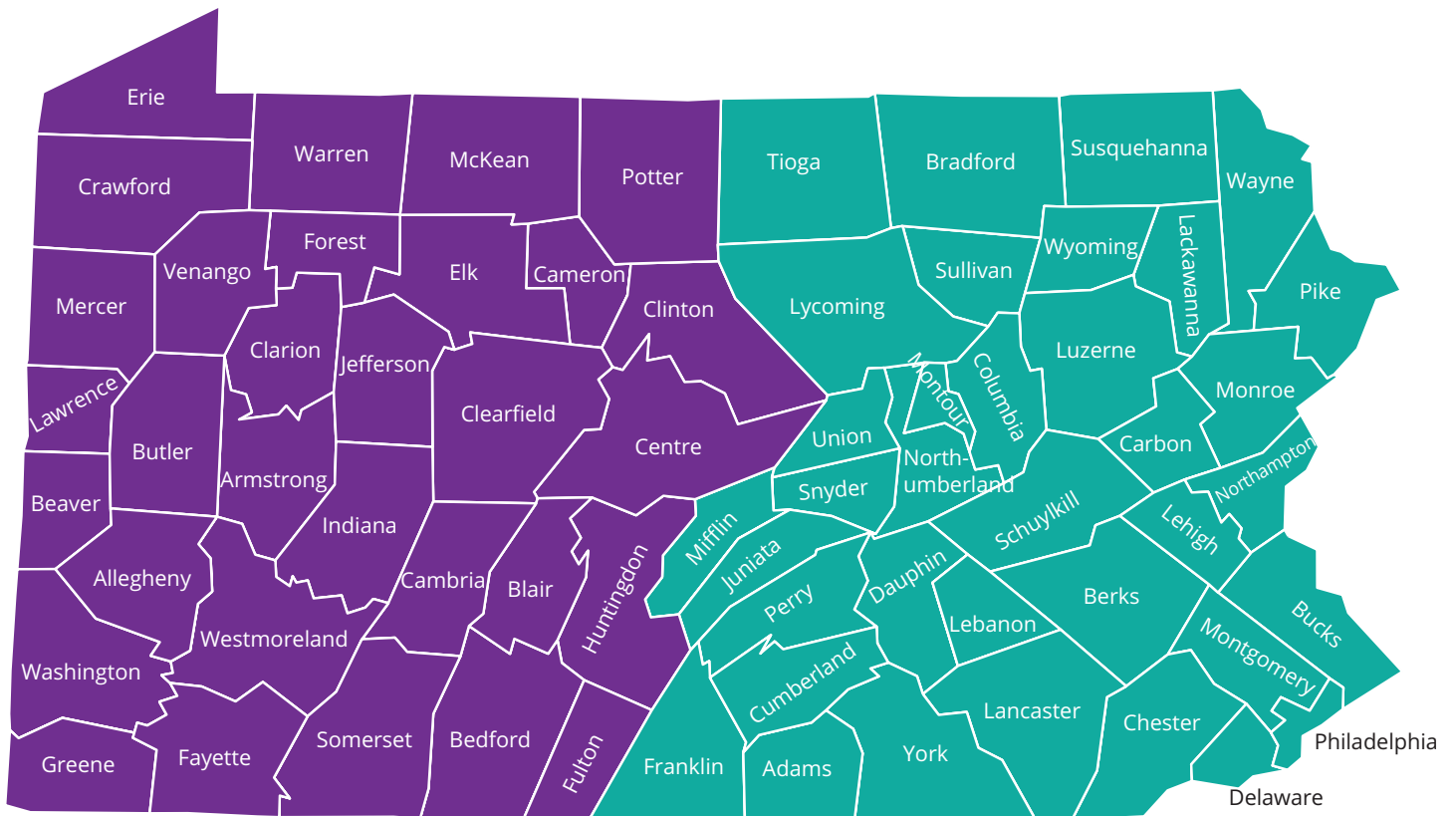


Provider Experience Educational Resources

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

Dental Quality Practice Liaisons



Stephanie Miller
412-439-7331

Dana Robinson
215-388-3643

Introducing the Dental Quality Practice Liaison Program

Aetna Better Health of PA is pleased to introduce the new Dental Quality Practice Liaison (QPL) Program. The QPL program was developed to improve communication and satisfaction between our dental providers and our health plan.

Our Dental Quality Practice Liaisons will be working with dental practices to help:

- improve HEDIS and Pennsylvania Performance Measure rates
- decrease gaps in care and
- discuss specific quality matters

To learn more about this program and to connect with your local Dental QPL, contact our Quality Management Department at AetnaBetterHealthPAQM@aetna.com.

Dental QPLs are available to meet with dental practices in Pennsylvania to discuss the program in detail.



Care Management and 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 such as:

- 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



Billing Guideline Updates

Professional Claim Admission Date Required

Professional claims billed on a HCFA form with POS 21 need to have both an admit date and a discharge date. The discharge date needs to be 8 digits (MMDDYYYY), except for Consultants (billing with CPT codes 99241-99255), radiologists, and anesthesiologists. Consultants (billing with CPT codes 99241-99255), radiologists, and anesthesiologists may bill for their services before the patient is discharged. In this instance, enter eight (8) zeros for the discharge date.

Principle Procedure Code

The ICD-10-CM Principal procedure coding system should be a 7 digit mix of alpha and/or numeric digits. These are procedure codes that should be listed in box 74 of the UB 1450 form.

Examples:

Code Set	Proc	DOS	Description
0	0B110F4	04/11/2019	BYPASS TRACHEA TO CUTANEOUS TRACH DEVICE OPEN
0	00160JB	04/05/2019	BYPASS CEREBRAL VENT CEREBRAL CISTRN SYNTH OPEN
0	00940ZZ	03/30/2019	DRAINAGE OF INTRACRANICAL SUBDURAL SPACE OPEN
0	009630Z	03/30/2019	DRAINAGE CEREBRAL VENTRICLE DRAIN DEVICE PERQ



Unlisted CPT and HCPCS Codes

Effective June 1, 2020 Aetna Better Health of Pennsylvania will change the way unlisted and non-specific CPT and HCPCS codes are reviewed and paid. With a few exceptions listed in the full notice below, these codes will no longer be managed through the prior authorization process. They will be managed By Report at the time of claim submission. What that means is, records supporting the use of these codes must be submitted with the claim.

Codes not included in the process change are:

Code	Process
41899 - General Anesthesia for dental procedures	Prior Authorization
E1399 and K0108 - wheelchair components and services	Prior Authorization
90999 - unlisted dialysis procedure	Prior Authorization
Unlisted J code	Prior Authorization

If records are not submitted with any claim including one of the codes listed below, the claim will be denied for lack of documentation. You may, however, resubmit the claim with the required supporting records.

Please refer to the list in the full notice below for the codes covered by this process

[View the full notice about UNLISTED CPT AND HCPCS CODES](#)



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 and 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.



Need to update your provider info?

We just 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!](#)



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!



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)



Provider Enrollment and Credentialing Application Submission (Individual Providers)

Effective June 1, 2020 Aetna Better Health of Pennsylvania and Aetna Better Health Kids are streamlining the submission process for provider enrollment and credentialing applications. Practices currently contracted with Aetna Better Health can now enroll new providers by submitting an application in any of these three easy ways:

- Online Application on our website: aetnabetterhealth.com/pennsylvania/providers/join-our-network
- Fax: 1- (860) 754-5435
- Email: MedicaidProviderRelations@aetna.com

After you submit the Practitioner Application Screening form, here are the next steps you can expect:

- An acknowledgement notice will be sent within 10 days confirming receipt of application
- Clean applications received will move forward in the credentialing process
- An in-process notice will be sent 30 days after receipt of a clean application
- An effective date notice will be sent after credentialing has been completed (~ 60 days) (Par Effective Dates assigned are the 1st or the 15th of the month)

Please ensure that applications are completed accurately and in it's entirety to avoid any delay in processing. An incomplete notice will be sent for an application that has missing or invalid data.

You should allow 60 days for the completion of the above steps. Providers should refrain from scheduling appointments with Aetna Better Health or Aetna Better Health Kids members until notification of your participation effective date is received.

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



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!

Social Determinants of Health Healthy Beginnings "Plus"

- [Thursday, June 25th @11AM ET](#)

Provider Education Webinars are held the last Thursday of each month. Check out our website for future topics.



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 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
- 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** (MRYoulisky@aetna.com) to be added to the invite list.

Schedule

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



Submitting Claims Timely

It's important not to hold claims. When submitting claims be sure to do so timely within the statutory timely filing limitations. By not holding claims, your practice will get paid faster.

Timely filing with correct codes ensures timely payment

- We require providers to submit claims within 180 days from the date of service unless otherwise specified within the provider contract.
- Aetna Better Health must receive claim resubmissions no later than 365 days from the date of the Provider Remittance Advice or Explanation of Benefits if the initial submission was within the 180 day time period, whether or not the claim was denied on the first submission.
- You must submit provider appeals within 60 days from the date of notification of claim denial unless otherwise specified within the provider contract.
- Please note: An inquiry does not extend or suspend the timely filing requirement.

If you have any questions regarding timely claim filing requirements just contact our Claims Inquiry Claims Research (CICR) department at 1-866-638-1232.

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!**

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: aetnabetterhealth.com/pennsylvania/providers/pharmacy

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

Questions?

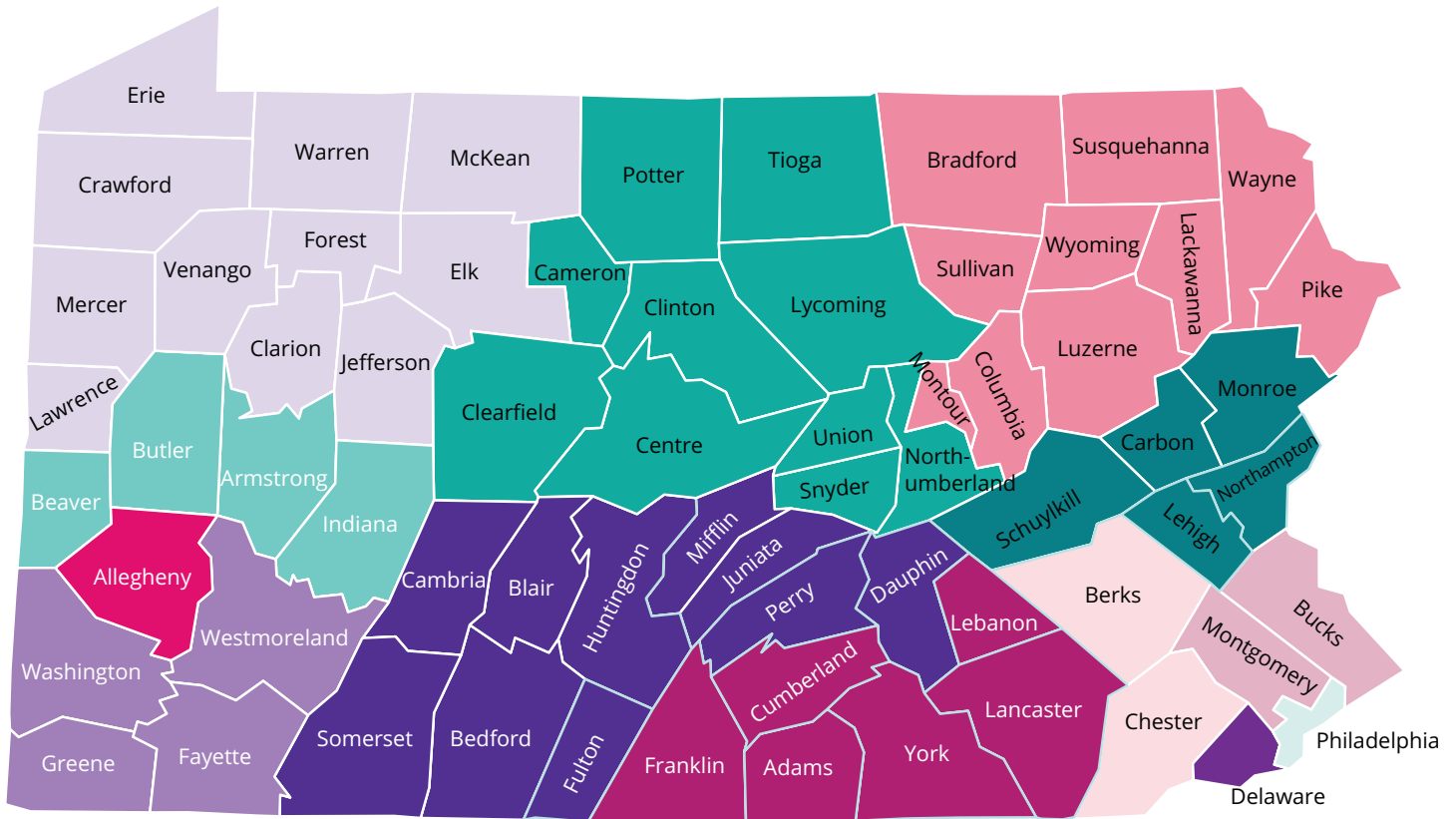
For questions call Provider Relations at 1-866-638-1232



Aetna Better Health® of Pennsylvania

PA-19-10-02

Network Relations Consultants



Sherrie Flannery

Michelle Bogard

Kimberly Young

Korey Luciw

Kim Heggenstaller

Kari Heggs

Jennifer Zupancic

Donna Lambert

Teresa Washington /
Anna Dipietro

Melinda Roach

Michael Quinn

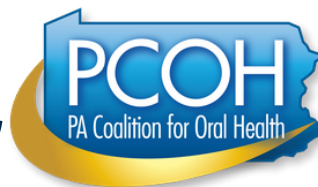
Teresa Washington
Including FQHC/RHC

Ashley Smith
All FQHC/RHC

Large Group and Hospital Assignments

Provider Group	Representative
Advocare Pediatrics	Kari Heggs
Allegheny Health Network (All Locations)	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
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
Trinity (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
WellSpan Health	Michelle Bogard (interim) Michael Quinn

PHARMACOTHERAPY QUICK GUIDE IN TOBACCO/NICOTINE TREATMENT



**Combining a short-acting NRT (Nicotine Replacement Therapy) with a long acting NRT is more effective than using a single type of NRT*

SHORT-ACTING PRODUCTS

Gum 2mg, 4mg	Dose: 1 piece every 1-2 hours Max daily dose: 24 pieces	Duration: 6-14 weeks
Lozenges 2mg, 4mg	Dose: 1 lozenge every 1-2 hours Max daily dose: 20 pieces	Duration: 12 weeks
Nicotrol® NS* 10 mg/ml	Dose: 1-2 doses intranasally per hour Max daily dose: 5 doses/hr or 40 doses/day	Duration: 3-6 months
Nicotrol® Inhaler* 2mg, 4mg	Dose: 6-16 cartridges/day Max daily dose: 16 cartridges/day	Duration: 3-6 months

LONG-ACTING PRODUCTS

Patch 7 mg, 14 mg, 21 mg	Dose: 1 patch every 24 hours 21 mg patch if ≥ 10 cigarettes/day 14 mg patch if < 10 cigarettes/day	Duration: 6-14 weeks
------------------------------------	--	----------------------

BUPROPION SR (ZYBAN®) WELLBUTRIN SR®)

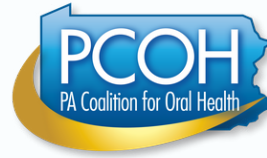
150 mg tablets	Dose: Day 1-3: 150 mg once daily Day 4+: 150 mg twice daily Max: 300 mg/daily	Duration: 12 weeks
-----------------------	--	--------------------

VARENICLINE (CHANTIX®)

0.5 mg, 1 mg tablets	Dose: Day 1-3: 0.5 mg once daily Day 4-7: 0.5 mg twice daily Day 8+: 1 mg twice daily Continuing Month Pack: 1 mg twice daily Max: 2 mg/daily	Duration: 12 weeks* <i>*If quit at 12 weeks, consider 12 more weeks of drug</i>
-----------------------------	--	--

*Per the DHS PDL, require prior authorization.

5 A's OF TOBACCO/ NICOTINE INTERVENTION



ASK ABOUT TOBACCO/NICOTINE USE AT EVERY VISIT

- Implement an office system that ensures that, for every patient at every visit, tobacco/nicotine-use status is queried and documented

ADVISE ALL TOBACCO/NICOTINE USERS TO QUIT

- "I strongly advise you to quit smoking and I can help you."

ASSESS READINESS TO QUIT

- Ask every tobacco/nicotine user if they are willing to make a quit attempt at this time:
 - If they are ready and willing to quit, provide assistance (see below)
 - If they are NOT ready or willing to quit, provide motivational intervention and let them know resources are available when/if they are ready

ASSIST TOBACCO/NICOTINE USERS IN QUITTING

- Provide brief counseling:
 - Reasons to quit
 - Barriers to quitting
 - Lessons from past quit attempts
 - Set a quit date, if they are ready
 - Enlist social support
- Recommend use of combination or single pharmacotherapy (patch, gum, lozenge, nasal spray, inhaler, bupropion, or varenicline) unless contraindicated
- Be aware of insurance coverage; many health plans cover some or all medications
- Provide supplementary educational materials

ARRANGE FOLLOW-UP

- Refer to PA Free Quitline **1-800-QUIT-NOW** or visit pa.quitlogix.org for proactive calls to assess and arrange treatment
- At subsequent visits, review patient follow-up report from PA Free Quitline; congratulate success and encourage maintenance
- If tobacco/nicotine use has occurred
 - Ask for recommitment to total abstinence
 - Review circumstances that caused lapse
 - Use lapse as learning experience
 - Assess pharmacotherapy use and problems
- Consider referral to more intensive treatment

**For more information:
Call 1-800-QUIT-NOW
or visit
PA.QUITLOGIX.ORG**

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.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: 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	aetnabetterhealth.com/ pennsylvania/providers/manual	EFT / ERA	Form Link: aetnabetterhealth.com/ pennsylvania/assets/pdf/ provider/provider-forms/ EFT-Authorization EnrollmentForm-PA.pdf
Website	aetnabetterhealth.com/ pennsylvania	Vision	Superior Vision: 1-866-819-4298 www.superiorvision.com
Provider Web Portal	aetnabetterhealth.com/ pennsylvania/providers/portal	Provider Relations, Contracting & Updates	P: 1-866-638-1232 F: 1-860-754-5435 Email: ABHProviderRelations Mailbox@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	https://www.dhs.pa.gov/ providers/FAQs/Pages/default. aspx	MA Provider Compliance Hotline	1-800-333-0119

2020 Quick Reference Guide

Mental Health, Drug & Alcohol Services				Medical Assistance Transportation Program (MATP)			
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.				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		