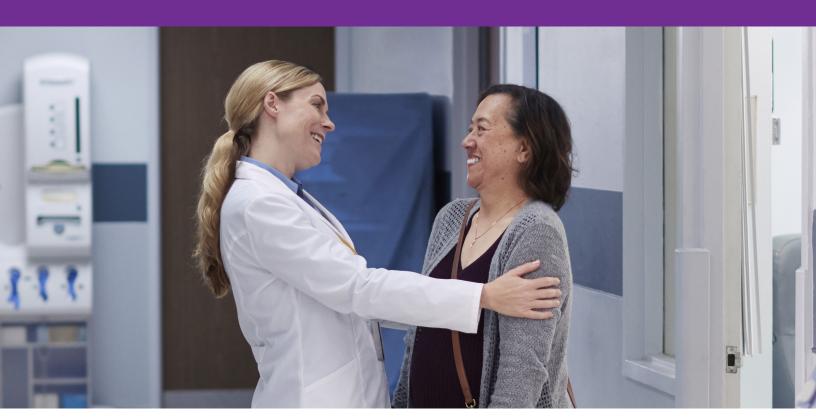
Aetna Better Health® of Pennsylvania Aetna Better Health® Kids

Provider Newsletter

SUMMER/FALL 2019





Reminder: PROMISe Billing Requirements

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

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

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

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





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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 24] 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 Flectronic 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.



Effective June 1, 2019, the Department of Human Services (DHS) 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.

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, then your claim will deny. 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.



Access to UM Staff

If you ever need to contact someone on our UM staff, don't forget that they:

- · Are available at least eight hours a day during normal business hours for inbound, collect or toll-free calls about UM issues
- · Can receive inbound communication about UM issues after normal business hours
- · Identify themselves by name, title and organization name when initiating or returning calls about UM issues Remember, you can also access TDD/TTY services or language assistance to discuss UM issues. Call 1-866-638-1232, PA Relay 711.



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.



Did you miss an MAB?

If you missed a recent Medical Assistance Bulletin, just click here.





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.



Utilization **Management Decisions**

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

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



Recent Provider Notices

Stay up to date with our recent provider notices.

Check our **NOTICES** page often to stay up to date with changes that may affect you.



2019 HEDIS Webinar Series

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

The goal of the series is to:

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



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



To View Previously Recorded HEDIS® Webinar Series Videos

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

The 2019 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.



August 2019

Back to school physicals and HEDIS measures for children under 11 years of age and EPSDT

September 2019

Back to school physicals – HEDIS measures affecting 12-21 year old members

October 2019

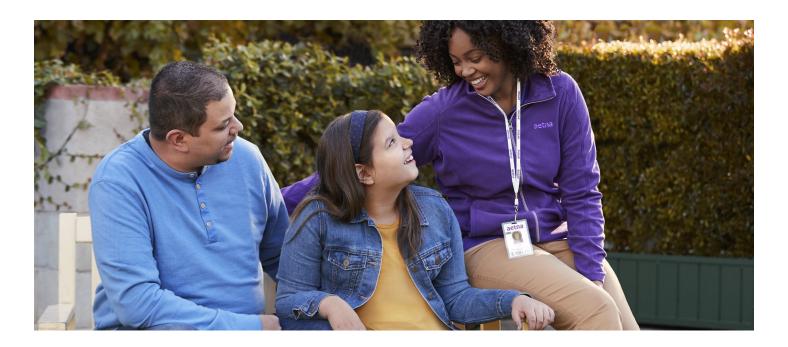
HEDIS measures affecting 21 and older male and female members

November 2019

HEDIS measures with a focus on women and maternity care

December 2019

Reducing the burden of medical record review preparation for **HEDIS 2020**





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 and automatic enrollment

We offer disease management programs to members with specific medical conditions

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

Members with Chronic Conditions are outreached to enroll and opt into Case Management.

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.



Aetna Better Health® Practice Guidelines

Aetna Better Health adopts nationally accepted evidence-based clinical practice, preventive care and behavioral healthcare guidelines from the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control (CDC) and Prevention.

Where there is lack of sufficient evidence to recommend for or against a service by these sources, or conflicting interpretation of evidence, we may adopt recommendations from other nationally recognized sources. Evidence-based practice guidelines are based on information available at a specific point in time and during review and adoption by the Quality Management/Utilization Management Committee (QM/UM).

The most current guidelines are published and made available through a variety of professional organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, the National Institute for Health, the American Psychiatric Association and the American College of Obstetrics and Gynecology. The guideline review and update process is implemented for each guideline at least every two years. Reviews are more frequent if national guidelines change within the two-year period. Guidelines are adopted to facilitate improved health care and appropriateness in the delivery of healthcare. They are not intended to direct coverage or benefits determinations, or treatment decisions.

You can find the following current clinical, preventive and behavioral healthcare guidelines on our website at aetnabetterhealth.com/ pennsylvania/providers/guidelines including:

Preventive health guidelines

- Routine preventive services guidelines, including perinatal
- Vaccine recommendations for pregnant women
- Tobacco use in children and adolescents
- Domestic violence screening
- Human immunodeficiency virus (HIV) infection screening
- Hepatitis C screening

Clinical practice guidelines

- Asthma
- Chronic heart failure (HF)
- Coronary artery disease (CAD)
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension

Behavioral health guidelines

- Alcohol abuse
- Child & adolescent attention deficit hyperactive disorder (ADHD)
- Major depressive disorder
- Opioid use disorders
- Tobacco Cessation

Providers can request hard copy(s) by contacting their Provider Relations Representative. Disclosure of clinical guidelines is not a guarantee of coverage.



Aetna Better Health® of Pennsylvania Quality Practice Liaison Program

Quality Practice Liaisons (QPLs) are a part of our Quality Management Department, they are located in every zone of the state and serve as a single point of contact for our providers regarding quality matters.

For the first part of the year, January through June the QPL's were highly involved with the Annual HEDIS project by going out to the provider offices, collecting medical records and performing medical record reviews.

What will the QPL focus be for the remainder of the year?

In July the QPL's began getting back into the provider offices on a daily basis within their assigned territories. The focus of each office visit is as follows:

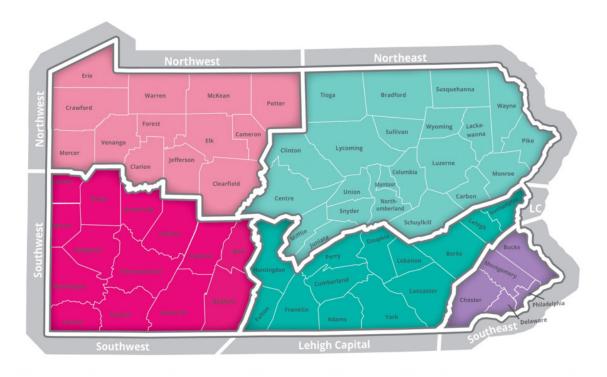
- Educate on requirements of key HEDIS measures which include all Pay for Quality and state- specific performance measures
- Educate on appropriate coding for care capture. Administrative data capture reduces the burden of medical record review
- Provide the most current gaps in care reports for key HEDIS measures including pay for performance measures if applicable. Provide information and assistance on how to close the existing care gaps

- Review scorecards that reflects the provider's current HFDIS rates
- Education regarding the Pay for Quality program for eligible practices
- Perform year round medical record reviews on targeted measures which include, but are not limited to:
- Maternity Frequency of Ongoing Prenatal Care, Prenatal Care in the First Trimester and Postpartum care
- Breast Cancer Screening
- Hemoglobin A1c results

Who are the QPL's and where are they located?

The following list contains the names of the OPL's and the counties in which they cover. You can contact your QPL directly to schedule an onsite meeting or ask a question. If you reside within a county that is currently vacant or if you would like more information regarding the QPL program contact the program manager Stacy Spalding at smspalding@aetna.com or 570-541-5218

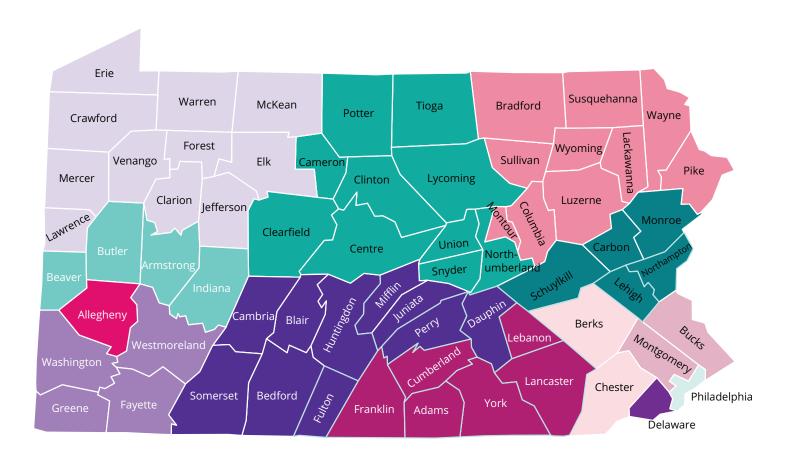


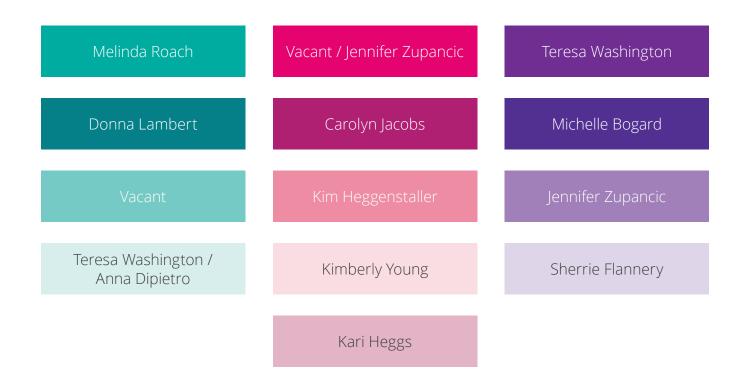


Quality Practice Liaisons

Brian Clark bdclark@ aetna.com 412-508-1719	Cathy Evans evansc3@ aetna.com 267-640-9471	Diana Charlton charltond@ aetna.com 267-280-3075	Vacant – Open Position	Paige Midget midgetpj7@ gmail.com 412-304-9904	Debra Barkley debarkley@ aetna.com 267-326-3285
Armstrong Beaver Butler Clarion Clearfield Crawford Indiana Jefferson Lawrence Mercer Venango	Bucks Delaware Montgomery Philadelphia Kristen Letzo letzok@ aetna.com 814-660-6466 Adams Blair Cambria Centre Cumberland Franklin Fulton Huntingdon Juniata Mifflin Perry	Chester Lancaster York VBS Contracts Statewide	Clinton Elk Erie Forest Lycoming McKean Potter Tioga Warren	Allegheny Bedford Fayette Greene Somerset Washington Westmoreland	Berks Bradford Carbon Columbia Dauphin Lackawanna Lebanon Lehigh Luzerne Monroe Montour Northampton Northumberland Pike Schuylkill Snyder Susquehanna Union Wayne Wyoming

Network Relations Consultants





Large Group and Hospital Assignments

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



Our preferred Specialty Pharmacy providers are Accusery Pharmacy, Caremark Specialty Pharmacy, Einstein at Center One Pharmacy, Elwyn Specialty Care, Giant Eagle Pharmacy, Pharmblue LLC and Senderra Rx Pharmacy.

These pharmacies fill prescriptions for specialty drugs.* These types of drugs may be injected, infused or taken by mouth. Usually, these drugs are not available at a local retail pharmacy. They often need special storage and handling. And they need to be delivered quickly.

Our preferred Specialty Pharmacies provide many helpful services, including:

- Free, secure delivery (usually within 48 hours of confirming an order)
- Delivery to a member's home, doctor's office or any other place you choose
- · Package tracking for prompt delivery
- Training on how to self-inject medicines
- Free injection supplies, such as needles, syringes, alcohol swabs, adhesive bandages and containers for needle waste

How to get started

We have several ways to fill a prescription through one of our preferred Specialty Pharmacies.

Existing prescriptions: To transfer an existing prescription, call one of our preferred Specialty pharmacies.

New prescriptions: For a new prescription, providers can:

- Send a prescription electronically
- Fax the prescription
- Call one of our preferred specialty pharmacies
- A member or the doctor can mail the prescription order

After the pharmacy receives the prescription, the first order should ship within 48 hours. It may take longer if they need to contact the doctor about the prescription.

Accusery Pharmacy

 A member or doctor can visit the web site for an enrollment form: https://www.accuservpharmacy.com/prescribers/ rx-forms/

Phone: 724-978-0110Fax: 877-526-8823

Caremark Specialty Pharmacy

 A member or doctor can visit the web site for an enrollment form: https://www.cvsspecialty.com/wps/portal/specialty/healthcare-professionals/enrollment-forms/

• Phone: 877-408-9742 or 1-800-237-2767

• Fax: 1-800-323-2445

Einstein at Center One Pharmacy

• A member or doctor can visit the web site for an enrollment form: https://www.einstein.edu/pharmacy/enrollment

· Phone: 1-877-218-4499

• Fax: 215-827-1934

Elwyn Specialty Care

• A member or doctor can visit the web site for an enrollment form: http://elwynspecialtycare.com/referral-forms/

• Phone: 314-919-4677

• Fax: 610-545-6030

Giant Eagle Pharmacy

• A member or doctor can visit the web site for an enrollment form: https://specialtyrx.gianteagle.com/Providers/EnrollmentForms

• Phone: 888-792-1552 or 440-356-3287

• Fax: 1-877-645-4142

Pharmblue LLC

• A member or doctor can visit the web site for an enrollment form: https://www.pharmblue.com

· Phone: 855-779-4720

• Fax: 844-818-7550

Senderra Rx Pharmacy

• A member or doctor can visit the web site for an enrollment form: https://senderrarx.com/ prescribers/forms

· Phone: 1-855-460-7928

• Fax: 888-777-5645

A personal care plan and ongoing support

Each of our preferred Specialty Pharmacies has a team of experienced nurses and pharmacists to help you understand how to use your medicine. They can answer your questions and help you cope with your condition throughout your therapy.

You can talk to them 24 hours a day, 7 days a week.

Get extra support for your complex medical condition

Skilled nurses and pharmacists offer extra support to patients with complex medical conditions, such as the any of the following:

- Anemia
- · Crohn's disease

Asthma

Gaucher disease

Cancer

- Growth hormone deficiency
- Chronic renal failure

- Hematologic conditions
- Hemophilia
- Hepatitis
- · HIV/AIDS
- Immune system disorders
- Multiple sclerosis

- Neurologic conditions
- Osteoarthritis
- Psoriasis
- Pulmonary diseases
- Respiratory syncytial virus (RSV)
- Rheumatoid arthritis
- Transplant

Joining our preferred Specialty Pharmacy network

Are you a pharmacy interested in joining our preferred Specialty Pharmacy network? You can get the application process started by sending an email to Specialtypharmacyapplications@ cvscaremark.com. Thank you for your interest in supporting our commitment to high-quality care.

NPI	Pharmacy Name	Address	City	State	Zip	County	Phone Number	Area(s) of Clinical Focus
1306394903	Accuserv Pharmacy	8731 Route 30	North Huntingdon	PA	15642	Westmoreland	724-978-0110	All
1134100134	Caremark Specialty Pharmacy	800 Biermann Ct, Ste B	Mount Prospect	IL	60056	Cook	1-800-447-4791	All
1518948413	Caremark Specialty Pharmacy	180 Passaic Ave	Fairfield	NJ	07004	Essex	1-800-237-2767	All
1891010229	Einstein at Center One Pharmacy	9880 Bustleton Ave, Ste 332	Philadelphia	PA	19115	Philadelphia	1-877-218-4499	All
1801060298	Elwyn Specialty Care	3070 McCann Farm Drive, Ste 101	Garnet valley	PA	19060	Delaware	314-919-4677	All
1215365325	Giant Eagle Pharmacy	20160 Center Ridge Rd, Ste 201	Rocky river	ОН	44116	Cuyahoga	440-356-3287	All
1932578507	Giant Eagle Pharmacy	2500 Lovi Road	Freedom	PA	15042	Beaver	888-792-1552	All
1386984771	Pharmblue LLC	40 Pennwood Pl, Ste 300	Warrendale	PA	15086	Allegheny	1-855-779-4720	All
1770810855	Senderra RX Pharmacy	1301 E Arapaho Rd, Ste 101	Richardson	TX	75081	Dallas	1-855-460-7928	All



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

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

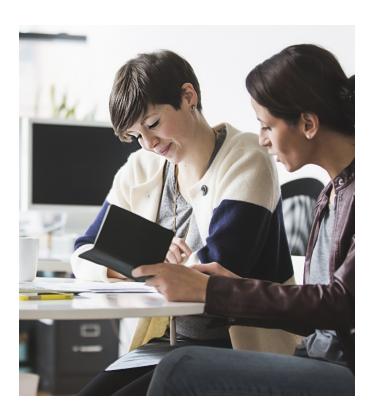
Tips for submitting provider appeals:

- Use the Provider Appeal Form located on our website; go to aetnabetterhealth.com/ pennsylvania/providers/forms to download and print the form
- · Include the claim number on the appeal
- · State exactly what is being disputed and why the claim should be paid
- Submit appeals in writing to Aetna Better Health by fax or mail within 60 days of the provider remittance date
- Appeals Fax Number: 1-860-754-1757
- Appeals Mailing Address: Aetna Better Health of Pennsylvania Attn: Provider Appeals 2000 Market Street, Suite 850 Philadelphia, PA 19103



Avoid Claim Denials-Use the Right Payer ID

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





Tobacco Cessation Fact Sheets and Education

Click on the link below for useful information about tobacco cessation awareness such as:

Vaping Fact Sheet

Teens and Tweens Fact Sheet

Integrating Behavioral and Physical Healthcare Systems in the Care of Tobacco Dependence (White paper)

Go to aetnabetterhealth.com/pennsylvania/ providers, click on the Tobacco Cessation Resources tab on the left, then Tobacco Cessation Fact Sheets tab





Pennsylvania Public Television Stations Unite With Aetna Better Health

Aetna Better Health of Pennsylvania is excited to partner with Pennsylvania Public Television Stations in supporting, "Pennsylvania Celebrates Sesame Street 50 Years and Counting" Pennsylvania's seven public television stations are joining a unified platform to align with the multimedia, live events, and social campaign connected with the celebration.

Pennsylvania Public Television Stations unite with Aetna Better Health to celebrate growing stronger, smarter and kinder together. PBS is available in 97% of US Households and is a crucial and relevant resource for our members. Health and education engagement events will be held across Pennsylvania with an expected attendance of 1,000 at each event. We are thrilled to partner with Pennsylvania Public Television stations to celebrate its colorful community of monsters, birds, grouches and humans. A place where everyone counts!

Saturday, August 17 12pm-4pm: Celebrate Erie, Erie | WQLN

Erie Art Museum 20 Fast 5th Street Erie PA 16501

Sunday, September 15 10am-2pm: Lehigh Valley | WLVT

Zoellner Arts Center 420 Packer Avenue Bethlehem PA 18015

Saturday, September 21 10am-4pm: State College | WPSU

WPSU Penn State 238 Outreach Building 100 Innovation Boulevard University Park PA 16802

Saturday, September 28 9am-2pm: Harrisburg | WITF

WITF Public Media Center 4801 Lindle Road Harrisburg PA 17111

Saturday, October 12 10am-2pm: Scranton | WVIA

Viewmont Mall 100 Viewmont Mall Scranton PA 18640

Saturday, October 26 9am-5pm: Philadelphia|WHYY

Please Touch Museum Memorial Hall 4231 Avenue of the Republic Philadelphia PA 19131



Screening for Developmental Delays and Autism Spectrum Disorders

Early Periodic Screening, Diagnosis and Treatment (EPSDT) services are federally mandated services that require comprehensive and preventive health care to children under the age of 21 years old. In accordance with the Department of Human Services EPSDT Periodicity Schedule and recommendations by the American Academy of Pediatrics, Aetna Better Health participating providers who provide these services are required to perform structured screenings for developmental delays and Autism spectrum disorders.

- A structured developmental screening is required at 9-11 months, 18 months and 30 months of age.
- Autism screening is required at ages 18 months and 24 months.

All children should be screened for developmental delays. Additional screenings may be necessary for those children who are at a higher risk for developmental problems due to preterm birth, low birth weight, showing symptoms of ASD, or having a sibling or parent with an ASD.

- Screenings should be performed utilizing a validated screening tool. For more information on validated screening tools for Developmental Delay and Autism, please visit this link: aetnabetterhealth.com/pa/providers. Click on Quality Improvement Resources (on the left of the screen). Click on EPSDT in the center. Open the Valid Developmental Delay and Autism Spectrum Disorders Screening Tools document.
- Use the following CPT code(s) on your claims for accurate processing and for these screenings to be properly documented as being completed:

Developmental screening code 96110

Autism screening code 96110 U1

Children under five years of age with any diagnosis that indicates a developmental delay or problem should be referred through Pennsylvania CONNECT for further evaluation and a referral for early intervention services. You can call the CONNECT helpline at 1-800-692-7288 to initiate the evaluation.

Early intervention services may include:

- Assistive technology devices
- Audiology and hearing services
- Speech and language services
- Family counseling and training

- Medical, nursing, nutrition and psychological services
- Occupational therapy
- Physical therapy

Appropriate documentation of these screenings will be assessed during our annual Medical Record Review process. Follow-up education will be provided to any provider as needed as part of this review.

Please refer to the following Aetna Better Health Provider Manual link for more information: aetnabetterhealth.com/pennsylvania/assets/pdf/provider/ABH%202019ProviderManual CGA.pdf.

2019 Quick Reference Guide

Aetna Better Health o	f Pennsylvania			
Administrative Office	2000 Market Street, Suite 850 Philadelphia, PA 19103 1-866-638-1232 (MA) 1-800-822-2447 (CHIP)	Claims Customer Service Contact (CICR)	1-866-638-1232	
Pharmacy	CVS Caremark: 1-866-638-1232	Language Line Services	1-800-385-4104	
Eligibility Verification (by phone)	1-866-638-1232 (MA) 1-800-822-2447 (CHIP)	Complaints, Grievances & Appeals	Complaints Grievance and Appeals 2000 Market Street, Suite 850 Philadelphia, PA 19103 Fax: 1-860-754-1757 Email: PAMedicaidAppeals& Grievance@AETNA.com	
Claim Submission Address/Payor ID	Aetna Better Health PA P.O. Box 62198 Phoenix, AZ 85082-2198 Emdeon Payor ID: 23228	eviCore®	Link: www.medsolutionsonline.com Link: www.Evicore.com Radiology: 1-888-693-3211 Pain Management: 1-888-393-0989 Client Services: 1-800-575-4517	
Prior Authorization Phone and Fax Numbers	P: 1-866-638-1232 F: 1-877 363-8120 Form Link: https://www. aetnabetterhealth.com/ pennsylvania/assets/pdf/ provider/PriorAuthForm-PA_JF_ SP2_FINAL.pdf	Real Time support via Emdeon: Claim Inquiry & Response (276/277); Eligibility Inquiry & Response (270/271); and Health Service Review Inquiry & Response (278)	Emdeon Payor ID: 23228	
Provider Manual	https://www.aetnabetterhealth. com/pennsylvania/providers/ manual	EFT / ERA	Form Link: https://www.aetnabetterhealth. com/pennsylvania/assets/pdf/ provider/provider-forms/ EFT-Authorization EnrollmentForm-PA.pdf	
Website	www.aetnabetterhealth.com/ pennsylvania	Vision	Superior Vision: 1-866-819-4298 www.superiorvision.com	
Provider Web Portal	www.aetnabetterhealth.com/ pennsylvania/providers/portal	Provider Relations, Contracting & P: 1-866-638-1232 F: 1-860-754-5435 Email: ABHProviderRelat 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 Departn	nent of Human Resour	ces		
Dept of Human Services Helpline	1-800-692-7462	Provider Inquiry Hotline	1-800-537-8862 Prompt 4	
Behavioral Health	1-800-433-4459	Pharmacy Hotline	1-800-558-4477 Prompt 1	
OMAP - HealthChoices Program Complaint, Grievance, & Fair Hearings	1-800-798-2339 PO Box 2675 Harrisburg, PA 17105-2675	MA Provider Enrollment Applications / Changes	1-800-537-8862 Prompt 1	
Eligibility Verification System (EVS) – Phone	1-800-766-5387	Outpatient Providers Practitioner Unit	1-800-537-8862 Prompt 1	
Eligibility Verification System (EVS) – Website	http://www.dhs.pa.gov/ provider/ frequentlyaskedquestions/ accesscardsevseligibility questionsandanswers/index. htm	MA Provider Compliance Hotline	1-800-333-0119	

2019 Quick Reference Guide

Mental Health, Drug & Alcohol Services **Medical Assistance Transportation Program (MATP)** Please refer recipients needing assistance with transportation Aetna Better Health recipients receive mental health, drug, and alcohol services through Behavioral Health (BH) Managed Care to these local county offices. Recipients can use these numbers Organizations (MCO) in each county. Please refer to the list to obtain information on how to enroll in the MATP program. below to contact the office in the member's county. For more information, visit matp.pa.gov. BH MCO / Phone County BH MCO / Phone County County Phone County Phone CCBHO CCRHO 570-963-6482 Adams Lackawanna Adams 800-632-9063 Lackawanna 800-553-7499 800-553-7499 CCBHO 888-547-6287 800-892-1122 Allegheny Lancaster Allegheny Lancaster 800-553-7499 888-722-8646 VBH VBH Armstrong Lawrence Armstrong 800-468-7771 Lawrence 888-252-5104 877-615-8503 877-615-8503 VBH 717-273-9328 Beaver Lebanon Beaver 800-262-0343 Lebanon 877-615-8503 888-722-8646 MBH Bedford Bedford 814-643-9484 888-253-8333 Lehigh Lehigh 888-207-2911 866-773-7891 ССВНО CCBHO Berks Luzerne Berks 800-383-2278 Luzerne 800-679-4135 800-553-7499 800-553-7499 CCBHO CCBHO Blair 800-458-5552 800-222-2468 Blair Lycoming Lycoming 800-553-7499 800-553-7499 ССВНО ССВНО Bradford McKean Bradford 800-242-3484 McKear 866-282-4968 800-553-7499 800-553-7499 MBH Bucks Mercer Bucks 888-795-0740 Mercer 800-570-6222 888-207-2911 877-615-8503 ССВНО VBH Mifflin Mifflin 800-348-2277 Butler Butler 866-638-0598 877-615-8503 800-553-7499 MBH CCBHO Cambria 888-647-4814 Monroe 888-955-6282 Cambria Monroe 800-553-7499 888-207-2911 CCBHO MRH 215-542-7433 Cameron Montgomery Cameron 866-282-4968 Montgomery 800-553-7499 888-207-2911 ССВНО ССВНО Carbon 800-990-4287 800-632-9063 Carbon Montour Montour 800-553-7499 800-553-7499 ССВНО MBH Centre Northampton Centre 814-355-6807 Northampton 888-253-8333 888-207-2911 800-553-7499 CCBHO ССВНО Chester Northumberland Chester 877-873-8415 Northumberland 800-632-9063 800-553-7499 800-553-7499 ССВНО 800-672-7116 800-632-9063 Clarion Perry Clarion Perry 800-553-7499 888-722-8646 CCBHO CBH Clearfield Philadelphia Clearfield 800-822-2610 Philadelphia 877-835-7412 800-553-7499 888-545-2600 CCBHO CCBHO Pike Clinton 800-206-3006 Pike 866-681-4947 Clinton 800-553-7499 800-553-7499 ССВНО ССВНО Columbia Potter Columbia 800-632-9063 Potter 800-800-2560 800-553-7499 800-553-7499 VBH ССВНО Crawford Schuylkill Crawford 800-210-6226 Schuylkill 888-656-0700 877-615-8503 800-553-7499 800-632-9063 Cumberland 800-632-9063 Snyder Cumberland Snyder 888-722-8646 800-553-7499 800-309-8905 800-452-0241 Dauphin Dauphin Somerset Somerset 888-722-8646 866-773-7891 CCBHO MRH Delaware Sullivan Delaware 866-450-3766 Sullivan 800-242-3484 888-207-2911 800-553-7499 CCBHO CCBHO Flk Susquehanna Flk 866-282-4968 Susquehanna 866-278-9332 800-553-7499 800-553-7499 ССВНО ССВНО Frie Tioga Frie 800-323-5579 Tioga 800-242-3484 800-553-7499 800-553-7499 VBH 800-321-7433 800-632-9063 Fayette Union Fayette 877-615-8503 800-553-7499 ССВНО VBH 800-222-1706 814-432-9767 Forest Venango Forest Venango 800-553-7499 877-615-8503 CCRHO Franklin Warren Franklin 800-632-9063 Warren 877-723-9456 866-773-7917 800-553-7499 VBH Fulton Washington Fulton 800-999-0478 Washington 800-331-5058 866-773-7917 877-615-8503 VBH ССВНО Greene Wayne Greene 877-360-7433 Wayne 800-662-0780 877-615-8503 800-553-7499 ССВНО VBH Huntingdon Westmoreland Huntingdon 800-817-3383 Westmoreland 800-242-2706 800-553-7499 877-615-8503 ССВНО 866-278-9332 Indiana Indiana 888-526-6060 Wyoming Wvoming 877-615-8503 800-553-7499 ССВНО CCBHO 800-648-3381 York 800-632-9063 lefferson York lefferson 800-553-7499 800-553-7499 CCBHO Juniata Juniata 800-348-2277 800-553-7499

Revised 1/9/2019