



Provider Newsletter

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Submissions for Rosters and Changes

Use the online [Practitioner Information Change Form](#) to submit all rosters and changes (i.e. locations additions, name changes, terminations etc.).

Please use the following email to make these changes: PAABHProviderRelationsMailbox@Aetna.com.

This is the only mailbox you should utilize for these submissions. When you email, we will send an email with a case number. Please keep the case number and refer it when requesting an update.

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Check Out Our Enhanced Benefits



We're adding benefits all the time!

Scan the QR code to find out what's new and to learn more about the benefits listed below.

ONLY for Aetna Better Health® Kids members!



OTC Benefit

Get \$30 in OTC products every month for each member and delivered at no cost



Medication Lockbox

Keep medications safely locked away from kids



Medically Tailored Meals

Delivered by MANNA to members with certain conditions



Kids' Sports Physical

No cost sports physical exam



Enhanced Vision Benefit

\$180 off fashion frames



Enhanced Dental Benefit

Crowns that look like real teeth



Transportation by Modivcare

No cost rides to medical appointments



Pyx Behavioral Health & App

Connects kids to tools and activities that can support their behavioral health

Scan the QR codes to download the apps



OTC App

Place your order today!

- View your current balance.
- Scan items to confirm eligibility.
- Checkout with digital barcode.
- Find the nearest CVS location.



Modivcare App

Use the app to book a ride for your doctor visit and manage trips from a smartphone.



Pyx App

Find companionship, humor, and empowering wellness activities for loneliness, anxiety and motivation.

Member Services

AetnaBetterHealthKidsPA.com
1-800-822-2447 (TTY: 711)



Aetna Better Health® Kids
A CHIP Health Plan

PA-23-03-08 (rev 07/24)



Grievances Submitted by Providers

When filing a grievance on behalf of a member, please refer to Chapter 14 of our Provider Manual: Member Complaints, Grievances and DHS Fair Hearings Overview. Providers can file a grievance on behalf of a member if the member provides their consent in writing to do so. Requests received without the written consent are not eligible for review.

Aetna Better Health Kids Complaint, Grievance & Appeal Department will mail the member a consent form. If the form is not returned by the member within 25 calendar days, the request will be closed as ineligible for review. If you have any questions regarding this process, please contact your Provider Experience Representative.



Reminder When Submitting an Appeal

When submitting an appeal to Aetna Better Health Kids, please include:

- The claim being appealed
- A letter stating the reason you feel the claim was not paid accurately

- Documentation to support the statement. The documentation should be relevant to the statement. If the relevant information can't be extracted from the records, the provider should include the page numbers for us to review.

Following these simple steps will make the appeal process run smoothly and help get a quicker resolution to the appeal.



Complaints, Grievances and Appeals Address Reminder

There is a different address for member CGA and a different provider CGA address.

Reach us here if you prefer to email or fax:

[PAMedicaidAppeals&Grievance@Aetna.com](mailto:PA MedicaidAppeals&Grievance@Aetna.com)

Fax: 860-754-1757

Members Appeals

Aetna Better Health® Kids
Complaints, Grievances
and Appeals
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

Provider Appeals

Aetna Better Health® Kids
Complaints, Grievances
and Appeals
PO Box 81040
5801 Postal Road
Cleveland, OH 44181



Prior Authorization, Concurrent Review and Retrospective Review Criteria

We use the MCG® criteria to ensure consistency in hospital-based utilization practices. The guidelines span the continuum of patient care and describe best practices for treating common conditions. The MCG are updated regularly as each new version is published. Copies of individual guidelines are available for review upon request.

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 Kids
Attn: Medical Management Department
PO Box 818047
Cleveland, OH 44181-8047



Provider Education Webinar Series

Upcoming Webinars*



- October 16, 2024: Behavioral Health
- December 18, 2024: Topic To Be Determined

*Topics are subject to change.

[Click to register](#) for any of the webinars.



Billing of Members

Providers cannot balance bill members for any amounts exceeding the contractual allowance specified in the provider agreement. All providers are prohibited from billing members beyond the member's cost sharing liability, if applicable, as defined in the patient's benefits.

You cannot balance bill patients for covered services. You only bill patients for:

- Non-covered services
- Services that have not been authorized
- Services that are out-of-network.

You can only bill patients for those services if you told the patient before rendering the service that it's not covered and they agree in writing to pay the cost.



How Our Quality Practice Liaisons (QPL) Make an Impact

At Aetna Better Health Kids, our quality practice liaisons work with our provider groups throughout the state of Pennsylvania to help health care practices increase HEDIS and performance measure rates, decrease gaps in care, provide quality education, and facilitate high-quality care for members. The QPL program aims to improve communication with provider groups and increase their satisfaction with the health plan. We appreciate your commitment to our member's oral and overall health!

If you would like to request QPL assistance at your practice, just reach out to Catherine Evans at [267-640-9471](tel:267-640-9471) or evansc3@aetna.com.



Our Community Partner Spotlight

Find out how The Salvation Army is making a difference!



Building Better Futures: Aetna Better Health Kids Supports The Salvation Army

This partnership will provide much-needed school supplies, health screenings and more to students throughout Western Pennsylvania.

PITTSBURGH (August 15, 2024) – The Salvation Army Western Pennsylvania Division is committed to ensuring local students have the tools they need to succeed including backpacks, shoes, school supplies, hygiene packs, haircuts, vision and dental screenings and more. Thanks to generous support from Aetna Better Health Kids, a CVS Health company, The Salvation Army will be able to better assist students throughout Allegheny County in the service areas for The Salvation Army’s Allegheny Valley, Chartiers Valley, Homewood and North Boroughs locations. Aetna Better Health Kids is also providing support to those living in Johnstown, Rochester and Washington, Pennsylvania.

“The Salvation Army is often recognized for our Christmas assistance programs, but the reality is the need for support extends far beyond the holidays and the demand for back-to-school resources has grown exponentially,” Major Gregory Hartshorn, Divisional Commander of The Salvation Army Western Pennsylvania said. “Thanks to partnerships like ours with Aetna Better Health Kids, we’ve been able to make a tangible difference in the lives of students and their families. Programs such as Best Foot Forward, which provides new shoes in Washington, and local vision and dental screenings where applicable, ensure students are ready to succeed when they return to the classroom.”

All students entering grades K-12 are eligible for assistance across Western Pennsylvania’s 28 county service area. Families should contact their local Salvation Army Worship and Service Center, which can be found on salvationarmywpa.org, for information about programs available in their area.

“We are proud to partner with The Salvation Army to help make an impact throughout Western Pennsylvania,” said Jerold Mammano, Division President, Aetna Medicaid. “When families have the essentials they need for the new school year, they can focus on their student’s education and development.”

Celebrating over 150 years of global service as both a church and a social service organization, The Salvation Army began in London, England in 1865. Today, it provides critical services in 134 countries worldwide. The 28-county Western Pennsylvania Division serves thousands of needy families through a wide variety of support services. To learn more about The Salvation Army in Western Pennsylvania, visit salvationarmywpa.org. The Salvation Army... doing the most good for the most people in the most need.



UM MCG Edition Update

We are now reviewing from the MCG 28th Edition.

The screenshot shows the MCG website header with the logo and tagline "Informed Care Strategies". Navigation links include "LOG OUT", "SEARCH", "MY PRODUCTS", "CONTACT US", and "USER GUIDE". Below this is a "28th Edition" filter bar with checkboxes for various specialties: AC, ISC, GRG, MCM, RFC, HC, CCG, IC, BHG, PIP, and MCR. A "Quick Search" input field and a "Search" button are also visible. At the bottom of the screenshot, there is a link for "Benchmarks and Data Website".



Shared Decision-Making Aids

Shared decision-making aids offer healthcare providers the opportunity to leverage best practice tools tailored to their specific medical specialties. These tools serve as valuable resources, aiding physicians and other healthcare providers to engage in comprehensive discussions with their patients regarding a spectrum of treatment options. The resources offer options ranging from conservative approaches to more invasive interventions. These decision-making aids encompass detailed information on associated risks and potential outcomes, facilitating a more informed dialogue between healthcare professionals and patients.

These aids cover a diverse array of medical scenarios, providing specialized information on topics such as diabetes, cardiovascular, wellness screening, flu prevention and more. By incorporating these decision aids into their practice, healthcare providers can enhance the collaborative decision-making process, ensuring that patients are well-informed and actively involved in determining the most suitable course of action for their individual healthcare needs.

Below are evidence-based aids that provide information about treatment options, lifestyle changes and outcomes. You can access these aids on the provider website under “Materials.”

- Diabetes
- Flu prevention
- Statin choice decision aid
- Depression medication choice
- Cardiovascular primary prevention choice.



Chronic Condition Management

Members can be referred to the complex case management program from a variety of sources, including our medical management programs, discharge planners, members, caregivers, and providers. For a member referral into case management, please reach out to our CM team by calling us at [1-866-638-1232](tel:1-866-638-1232).



Member Rights & Responsibilities

Aetna Better Health Kids members have certain specific rights and responsibilities as an Aetna Better Health Kids member. You as a provider or our members can find the full list of [Member Rights and Responsibilities](#) on our member website.



Help Patients Get the Most Out of Each Well-Child Visit

Do you have patients with Aetna Better Health® Kids that haven't been to a well-child visit in the past year? **Reach out to them to schedule one soon. Remind them the visit is no cost to them.**

Talk to your patients about the three best ways for kids to stay healthy:

- Regular wellness checkups
- Being physically active
- Making healthy food choices

Make suggestions about healthier foods to choose at restaurants, such as:

- Grilled, baked, or broiled lean meat, poultry, or fish (not fried)
- Side dishes like fruit, vegetables, beans, whole grain breads or cereal that are prepared without added fat and salt. Some of these can replace French fries as the side at no extra charge.

For children ages birth to age five who may have developmental delays, PA CONNECT will work with you and your patient to support the child's growth and development. For more information, call PA CONNECT at [1-800-692-7288](tel:1-800-692-7288).



Help Ensure Your Patients Don't Lose Their Coverage

As you may know, the public health emergency (PHE) related to COVID-19 ended May 11, 2023. States now have 12 months to recertify the eligibility of all CHIP enrollees.

Those who no longer meet eligibility requirements — or who don't take the steps to confirm their eligibility — **may lose their coverage.**

Even before the PHE, thousands of people were disenrolled from CHIP every month for procedural reasons. In many cases, recipients weren't even aware that they needed to recertify their eligibility.

How you can help

- ♥ **Remind your patients to confirm their current contact information** with their state CHIP agency or caseworker. They can visit the website below for more information and to get started.
- ♥ **Also, make note of the phone number for your state's CHIP enrollment office.** It is [1-866-550-4355](tel:1-866-550-4355). Keep it handy at your front desk, billing office or anywhere staff can share with patients.

Thank you for supporting us in this effort.

For more information, visit www.dhs.pa.gov/PHE/Pages/StakeholderResources.aspx.

→|← Peer to Peer Timeline Reminder

Aetna Better Health Kids makes a peer-to-peer review discussion available to a requesting healthcare provider from the time of a prior authorization denial until the internal grievance process or internal adverse benefit determination process commences. The provider has up to 60 days to do a peer to peer if the member has not filed a grievance.

A peer to peer proxy is allowable. Individuals eligible to receive a proxy designation shall be limited to licensed health care providers whose actual authority and scope of practice is inclusive of performing or prescribing the requested health care service.



Pennsylvania Act 146 Requirements Now in Place

Signed in November of 2022 Act 146 and effective 1/1/24 is an overhaul of the Pennsylvania managed care law, with particular attention paid to prior authorization and appeals. The Act required each CHIP plan to have an established Provider Portal that includes allowing for electronic submission of prior authorization requests, access to applicable medical policies and information regarding how to request peer-to-peer review. Some additions to our existing Provider Portal were implemented to comply with the changes in Act 146, these include:

- **Establishment of provider portal with the following features:**

- Electronic submission of prior authorization requests
- Access to the CHIP managed care plan's applicable medical policies
- Information necessary to request a peer-to-peer review
- Contact information for the CHIP managed care plan's relevant clinical or administrative staff
- For any health care service that requires prior authorization that is not subject to electronic submission via the provider portal, copies of applicable submission forms

- **Training and support for portal use**

- Within six months following the establishment of a provider portal under subsection (a), a CHIP managed care plan shall make available to health care providers and their affiliated or employed staff access to training on the use of the CHIP managed care plan's provider portal.

- **Required use of provider portal**

- A health care provider seeking prior authorization shall submit the request via a CHIP managed care plan's provider portal unless an exception applies.
- A CHIP managed care plan may require a health care provider to submit a prior authorization request through the provider portal unless any of the following exceptions applies:
 - (i) The portal is not available and operational at the time of attempted submission.
 - (ii) The health care provider does not have access to the CHIP managed care plan's operational provider portal.
 - (iii) The health care provider satisfies an allowance by the CHIP managed care plan for submission other than through the provider portal



Learn More About Availity



Availity Essentials provider portal provides access to a robust self-service and online tools to allow more independent and remote providers to easily navigate Aetna’s policies, procedures, and requirements. Availity allows providers to directly communicate with Aetna’s clinical and administrative staff through the Contact Us application. Providers support capabilities offered through Availity include the ability for providers to:

Claim Submissions	Appeals & Grievance Appeals	Prior Authorization Submission
Claim Status Inquiries	Appeals & Grievance Status	Prior Authorization Status
Payer Space	Panel Rosters	Eligibility and Benefits
Contact Us Messaging	Specialty Pharmacy Prior Authorization	Reports & PDM

If you’re new to Availity, there are many resources to help guide providers on how to navigate the site. Availity is free for all providers and offers a single sign on for participating payers.

Bookmark these resources for easy access:

- [Availity.com/Essentials](https://www.availity.com/Essentials) — 24/7 access to training resources and recorded webinars to view at your leisure
- **Aetna Crosswalk** — Aetna Better Health tools and resources

Get to know Availity

Availity is your trusted source for payer information, so you can focus on patient care.

If your organization isn’t registered with Availity, get started today at [Availity.com/provider-portal-registration](https://www.availity.com/provider-portal-registration).

Live webinars for Availity portal users

Once you’re registered, sign in at [Apps.availity.com/availity/web/public.elegant.login](https://apps.availity.com/availity/web/public.elegant.login). The Availity Learning Team offers regularly scheduled live webinars on a variety of topics including:

- Prior authorization submission and follow-up training
- Navigating the attachments dashboard and workflow options
- Resources and tips for new administrators on Availity
- Use Availity portal to submit professional claims
- Availity claim status

Tips for finding live webinars

- In the Availity Portal, select Help & Training > Get Trained to open your ALC catalog in a new browser tab.
- In the ALC catalog > Sessions tab, browse or search by webinar title and look for Live Webinar and the date. You can also scroll the months using Your Calendar in the top left of the page.

After you enroll, watch your email inbox for confirmation and reminder emails with information to join and downloadable iCal options.

Can’t make a live session? The ALC catalog includes lots of on-demand options, too.

In the ALC Catalog, look for courses with a title that ends in Recorded Webinar, for example, Navigating the Attachments Dashboard and Workflow Options – Recorded Webinar.



Pharmacy Formulary Access

You can access our formulary by visiting AetnaBetterHealth.com/Pennsylvania/Providers. Information on the formulary can be found under the “Programs and services” tab, “Pharmacy” subtab, “Pharmacy Overview” under Covered medications select online search tool or Formulary(PDF).

This direct link provides access to the Aetna Better Health Kids website for viewing the formulary by selecting either Formulary (PDF) or utilize the online search tool.

Please note, the formulary can change frequently, please reference the website for the most up to date information and remember to review for any restrictions or recommendations before prescribing a medication.



Important Formulary Updates

Effective 2/1/2024, Humira biosimilars including Adalimumab-Adaz, Adalimumab-Fkjp, and Hadlima were added to the Aetna Better Health Kids formulary. Brand Humira is non-preferred.

Effective 2/1/2024, Insulin Lispro was added to the Aetna Better Health Kids formulary. Admelog and Humalog are non-preferred.

For a complete list of drug formulary updates please access the website link below.

AetnaBetterHealth.com/pennsylvania/drug-formulary.html



Pharmacy Update

- Pharmacy services, including covered drugs (formulary) and any restrictions
- Pharmacy procedures
- An explanation of limits and generic substitution
- How to submit information for exception requests.

Provider Pharmacy Benefits

Did you know you can find pharmacy information on our website? You can access the formulary, view step therapy restrictions, quantity limits and submit prior authorization.

AetnaBetterHealth.com/pennsylvania/providers/pharmacy.html

For more pharmacy information you can also access the Provider Manual

AetnaBetterHealth.com/pennsylvania/providers/index.html

2024 Quick Reference Guide



Aetna Better Health® Kids (CHIP)

Administrative Office 1-866-638-1232
 PO Box 81040
 5801 Postal Road
 Cleveland, OH 44181

Pharmacy: CVS Caremark 1-866-638-1232

Eligibility Verification (by phone) 1-800-822-2447

Claim Submission Address/Payor ID

Aetna Better Health® Kids
 P.O. Box #982973
 El Paso, TX 79998-2973
 Emdeon Payor ID: 23228

Prior Authorization 1-866-638-1232
[AetnaBetterHealth.com/Pennsylvania/providers/materials-forms](https://www.aetna.com/betterhealth/pennsylvania/providers/materials-forms)
 Fax: 1-877 363-8120

Provider Manual

[AetnaBetterHealth.com/Pennsylvania/providers/manual](https://www.aetna.com/betterhealth/pennsylvania/providers/manual)

Website

[AetnaBetterHealth.com/Pennsylvania](https://www.aetna.com/betterhealth/pennsylvania)

Availity Provider Portal

[AetnaBetterHealth.com/Pennsylvania/providers/portal](https://www.aetna.com/betterhealth/pennsylvania/providers/portal)

Peer to Peer Review 1-833-459-1998

Member Services 1-800-822-2447

Claims Customer Service Contact (CICR) 1-866-638-1232

Language Line Services 1-800-385-4104

Complaints, Grievances & Appeals

PAMedicaidAppeals&Grievance@Aetna.com
 PO Box 81040
 5801 Postal Road
 Cleveland, OH 44181
 Fax: 1-860-754-1757

Real Time support via Emdeon

- Claim Inquiry & Response (276/277)
 - Eligibility Inquiry & Response (270/271)
 - Health Service Review Inquiry & Response (278)
- Emdeon Payor ID: 23228

EFT / ERA

[AetnaBetterHealth.com/Pennsylvania/providers/materials-forms](https://www.aetna.com/betterhealth/pennsylvania/providers/materials-forms)
 Click on the Electronic Fund Transfer (EFT)/Electronic Funds Remittance Advice (ERA) tab

Vision: Superior Vision 1-866-819-4298

Provider Relations, Contracting & Updates 1-866-638-1232

PaABHPProviderRelationsMailbox@Aetna.com
 Fax: 1-860-754-5435

Special Needs Unit 1-855-346-9828

Dental: SKYGEN Provider Services 1-800-508-4892
[skygenusa.com](https://www.skygenusa.com)

Fluoride Varnish Training Required to Bill CPT Code 91888

It has come to our attention that some non-dental providers are billing for Fluoride Varnish application under CPT 91888 but have not completed the DHS required training referenced below. **Starting May 6, 2024, ONLY providers who have completed one of the training certification classes listed below will be paid for claims billing CPT 91888.** If you are a non-dental provider and already have your TFV certification, disregard this notice.

Physicians and CRNPs must complete a TFV application training course approved by the Department to receive CHIP payment for the application of TFV. Upon completion of the training course, physicians and CRNPs are required to submit the certification to the Department for inclusion in their CHIP Program enrollment file.

DHS currently accepts two one-time certifications for the application of TFV for children under the age of five obtained by physicians and CRNPs.

- “Healthy Teeth Healthy Children” (HTHC) is a TFV training course conducted on-site at the provider’s office by the Pennsylvania Chapter of the American Academy of Pediatrics. Physicians and CRNPs wishing to schedule an on-site training course for the application of TFV certification may contact HTHC by accessing the following website link: www.healthyteethhealthychildren.org.
- “Smiles for Life” is an on-line TFV training module provided by the Society of Teachers of Family Medicine. This program was previously accepted as a Department approved program in MA Bulletin 09-12-27, 31-12-27, titled “Revision of On-Line Training Module for the Application of Topical Fluoride Varnish”, issued May 1, 2012, effective June 1, 2012. Physicians and CRNPs may obtain TFV certification by accessing the following website link: www.smilesforlifeoralhealth.org.

Providers may mail a copy of their training certificate to:

Department of Human Services
Office of Medical Assistance Programs
Provider Enrollment Attention: TFV Indicator
P.O. Box 8045
Harrisburg, Pennsylvania 17105-8045

Or providers may fax their training certification to:

Provider Enrollment Unit
Attn: TFV Indicator
Fax Number: (717) 265-8284

Certification Process

In order to receive CHIP payment for the application of TFV, physicians and CRNPs, must:

- 1) Complete a TFV application training course approved by DHS;
- 2) Receive a TFV training certificate verifying the physician or CRNP completed the DHS approved training; and
- 3) Submit a copy of the TFV training certificate to the DHS Provider Enrollment Unit as directed below.

NOTE: Please include the 13-digit CHIP provider identification number for the provider for which the certificate applies at the top of the certificate. Please be sure to include all applicable service locations.

The DHS Provider Enrollment Unit will add the TFV indicator to the physician’s or CRNP’s enrollment file within 30 days of receiving the provider’s TFV training certificate. The TFV indicator will be added to the provider’s enrollment file effective with the date of completion on the provider’s TFV training certificate. DHS will notify the provider when the TFV indicator is added to his or her enrollment file. Providers may submit claims for TFV services rendered on or after the effective date of the TFV indicator once they receive notification the TFV indicator has been added to their provider file.

Claims submitted for procedure code 99188, defined as “The application of topical fluoride varnish by a physician or other qualified health care professional” will be denied if the physician or CRNP does not have the TFV indicator on their enrollment file.

Physicians and CRNPs who were previously trained and certified and whose CHIP Program provider enrollment file(s) have been updated by DHS to include the TFV indicator are not required to recertify.

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this notice.

Questions? Call Provider Relations at [1-866-638-1232](tel:1-866-638-1232) for assistance.