

August 3, 2022

Dear Provider,

Thank you for partnering with Aetna Better Health of Pennsylvania. As of August 31, 2022, the ABH-PA Medicaid Program will be closed, although our Aetna Better Health Kids (CHIP) Program will remain fully operational.

We assure you that the closure of our Medicaid program will be a systematic, comprehensive process. As we proceed with claims processing, you will be regularly updated.

**One Dedicated Wind Down Team
To Partner with Your Team
To Achieve the Results You Expect.**

The attached instructions outline the entire claims process which will begin **September 1, 2022**. You are receiving the spreadsheet so that you may review the process, begin to enter your claim issues and prepare for the September submission.

Spreadsheets will not be accepted before September 1st.

Although the attached instructions are detailed, should you have any questions, you may reach out to your current representative.

After September 1st there will be one dedicated mailbox for your inquiries and spreadsheet submission.
PAMedicaidClosureProviderRelationsMailbox@AETNA.com

Once we receive your completed spreadsheet, we will reply to the individual who emailed the spreadsheet and assign your practice/facility a "Queue" number. Once assigned, this "Queue" number must be included on all further correspondence.

We appreciate your partnership during this process.

Thank you,

Alicia LaFrance
Lead Director, Network Management
1425 Union Meeting Rd. Blue Bell, PA 19422

Important Note:

Aetna Better Health of Pennsylvania Kids Children's Health Insurance Program (CHIP) will remain in place following the changes to our Medicaid program effective 9/1/22.

Aetna Better Health PA Medicaid Closure

Provider Claims Process

Submission Process Preparation

- 1) If you have few claims or minor issues, disregard the process below and **contact CICR directly.**

CICR – 1-866-638-1232

- 2) Utilize only the attached spreadsheet to submit specific, major issues (contract discrepancies or underpayment) or a group of claims with the same issue. Direct all closure issues and questions to --

PAMedicaidClosureProviderRelationsMailbox@Aetna.com

- 3) It is imperative to explain the issue in detail and specify expected resolution.
- 4) *Only one spreadsheet will be accepted* by Aetna Better Health of PA, per group. In the case of a large group who have both professional and facility claims, two spreadsheets will be accepted: One facility and one professional.

Tip: Utilize an internal, full-access system that will allow multiple staff members to in-put claim issue/information, to facilitate one comprehensive excel spreadsheet.

- 5) *This spreadsheet may be updated and resubmitted as necessary. However, please note new issues; either highlight additional issue numbers on the spreadsheet or list the numbers within the email correspondence.*

Claims Procedure

- 1) Complete the attached spreadsheet, in detail, pertaining to each specific issue.
- 2) After spreadsheet submission to ABH-PA, each provider will be emailed a queue number that will represent the provider's place in the process. Write your "queue" number on the spreadsheet and include your "queue" number in all further correspondence.
- 3) During the ABH-PA monthly provider webinar, numerical queue up-dates will be announced.

Completing the Claims Spreadsheet

Tab One: Comprehensive List of Provider Issues

- ✓ **"Pay to" Name**
- ✓ **Provider TIN:** Enter the provider tax identification number. If there is more than one number associated with the provider, type "multiple."
- ✓ **NPI:** Enter the National Provider Identification number. If there is more than one number associated with the provider, type "multiple."

- ✓ **Issue Number:** Number the first issue “1” and consecutively number additional issues. Each issue will have a corresponding tab that provides claim information which includes the following.
 - Member’s Full Name
 - Member ID
 - Patient Account Number (optional)
 - DOS
 - Group TIN Number
 - Group NPI Number
 - Provider NPI Number
 - Provider Name
 - Claim Number
 - Billed Amount
 - Paid Amount
 - Claim Status

- ✓ **Issue Title:** Create an “issue” name, specifically identifying the concern.
Example: Underpayment for a specific procedure.

- ✓ **Tracking/PENNIT:** If known, enter the number. Claims older than one year from date of spreadsheet submission will not be accepted, *unless you have been consistently working with an Aetna representative*. If this is the case, please type the Aetna representative’s name.

- ✓ **Type of Issue:** Drop-down menu.

- ✓ **Line of Business:** Drop-down menu.

- ✓ **Type of Claim:** Drop-down menu.

- ✓ **Number of Claims Involved:** Enter the number of claims involved with specific issue #.

- ✓ **Description of Issue:** Describe, in detail, the specifics of the issue.

- ✓ **Expected Resolution:** Explain expected results, include specifics.

- ✓ **Contact Name:** Each individual “issue” must have only one contact. However, a different contact may be listed for each “issue.”

- ✓ **Aetna Representative Name:** Optional

- ✓ **Follow up by ABH:** ABH will fill out and return as information is available.

Tab Two: “Issue 1” Details. Complete the spreadsheet, with all claims associated with the particular “issue” number.

***Continue remaining “issues” on consecutive tabs.**