

2022
FALL/WINTER



Aetna Better Health® Kids
A CHIP Health Plan

AetnaBetterHealth.com/PA



Coming soon in 2023
New Provider Orientation and new CHIP
Provider Education for all providers

Provider Newsletter

- Aetna Better Health® Kids (CHIP) Keeps Growing
- CAHPS Member Satisfaction
- Maintaining Accurate Provider Rosters, Service Locations and Contact Information
- Issues that Affect Multiple Claims
- Update Your Provider Info
- Improved Provider Enrollment and Credentialing Process
- Complaints, Grievances and Appeals Address Change
- Member Rights and Responsibilities
- HealthChoices Re-Procurement Reminder
- Aetna Provider Webinars, Including an Availability session
- Recent Provider Notices
- Culture Competency
- New Address and Vendor for Paper Claim and Claim Correspondence
- How to File a Claim
- Quick Reference Guide



ATTENTION! Effective immediately, please use the following email for all rosters and changes (i.e. locations additions, name changes, terminations etc.):
ABHProviderRelationsMailbox@Aetna.com.

This is the only box you should be sending these additions/terms/changes to. When you send the changes into this email you will receive an email with a case number. Please keep this number and refer it when requesting any status updates. Thank you for your immediate attention to this update.



Maintaining Accurate Provider Rosters, Service Locations and Contact Information

Network providers should contact their Provider Relations Consultant or Provider Services with changes to their demographic information. Providers can verify their demographic data at any time using the Aetna Better Health® “real-time” [provider network directory](#).

Requests for changes to address, phone number, or tax ID, or additions and/or deletions to group practices, must be made through the online [provider change form](#).

You can also update us via a [paper change form](#).

Email the form to:

ABHProviderRelationsMailbox@Aetna.com

Mail form to:

Aetna Better Health® Kids
Attention: Provider Relations
1425 Union Meeting Road
Blue Bell, PA 19422



Have Issues That Affect Multiple Claims? We Can Help!

Providers should contact Provider Relations when they have issues that effect multiple claims to see what can be done first rather than automatically filing an appeal. If you send multiple claims through as appeals, this takes time on the provider to fill out the request multiple times, fax each one individually, and more importantly, it exhausts your only appeal level.

If you first contact your Provider Relations rep, it can usually be handled as a project and you can submit everything on one spread sheet, then, any claims that still don't pay correctly can be appealed.





Update Your Provider Information

Share your demographics

We've 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!](#)

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 Provider Rep an email for your practice. It will keep you "in the know" about Aetna Better Health® Kids!

Keep your office contact information current

Make sure your contact information is current with us. Just fill out the practitioner information change form and fax it to **1-860-754-5435** or email it to ABHProviderRelationsMailbox@Aetna.com.

If you have to make changes to 10+ providers, use our provider roster worksheet. Remember to fill out the entire worksheet. This will allow us to timely update your provider records along with meeting state and NCQA requirements. Once you've updated the spreadsheet, email it to ABHProviderRelationsMailbox@Aetna.com.



Improved Provider Enrollment and Credentialing Process

We've updated the "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!](#)



Complaints, Grievances and Appeals Address Change

The Aetna Better Health® Kids **Complaints, Grievances and Appeals (CGA) mailing address changed.** There are now two different addresses for member CGA and a different provider CGA address.



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



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



Member Rights and Responsibilities

Aetna Better Health® Kids maintains 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.

Annually, we inform our members of their rights and responsibilities in the member handbook, member newsletter and other mailings. Their rights and responsibilities are also posted within the "For Members" section of our website at AetnaBetterHealth.com/pennsylvania/members.

We ensure 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**.



HealthChoices Re-Procurement Reminder

As of September 1, 2022, Aetna Better Health® of Pennsylvania no longer serves Medicaid members across the Commonwealth. We will however continue serving our Aetna Better Health® Kids CHIP members in our coverage counties as we continue to grow membership and our provider network.

Click [here](#) for information and resources about the HealthChoices re-procurement. Then select the HealthChoices Updates tab.

Check out our recent [provider webinar](#) to learn more about our Medicaid closure.



You're Personally Invited to Attend an Array of Aetna® Provider Webinars, Including an Availity Session

Invest an hour now, barely lift a finger later

Make manual tasks, like making phone calls, a thing of the past. Our electronic transactions help make it easier to do work with us. See how during one of our live provider webinars.

Why our webinars are worth your time

We've created our webinars with you — our providers — in mind. We'll show you how to get the most out of **our provider portal on Availity®**. You'll breeze through your administrative tasks and get more time back in your day. Spend an hour with us. Availity will become your go-to website for doing business with us electronically. Our trainers will share their tips and tricks, so you get the most out of Availity. Ask questions and get answers on the spot. Our webinars are focused on Availity and are open to all providers, whether you're participating with us or not.

Here are the webinars we offer

Pick the ones that are right for you. Then go to [AetnaWebinars.com](https://www.aetna.com/webinars) to register. Before you join us for a webinar, we recommend **registering for Availity**.



Working with Aetna® on Availity®

Offered the first Tuesday of every month, 2–3:30 PM

This super-sized webinar is so chock-full of information, we couldn't fit it in an hour. It's great for anyone who wants to learn how to use the Availity provider portal to work with us. You'll learn how to register for Availity, contact us electronically (no more phone calls!) and navigate the site. We'll highlight the tools and transactions and how to get the most out of Availity.

After the webinar, we'll send you a list of tips and tricks to keep handy.



Claim management using Availity®

Offered the third Tuesday of every month, 2–3 PM

This webinar is great for anyone involved in revenue cycle management. You'll learn how you can use the Availity provider portal to submit claims online, check claim status and view Explanation of Benefits (EOB) statements and Remittances. With our Disputes and Appeals functions, you'll learn how to send supporting documentation electronically and dispute claims.

After the webinar, we'll send you a list of tips and tricks to keep handy.



Authorizations on Availity®

Offered the second Wednesday of every month, 2–3 PM

This webinar is for anyone managing the authorization (precertification) process for their practice or facility. We'll show you how to:

- Find out if a procedure needs prior authorization
- Review the Authorization Add and Inquiry Transactions
- Complete the clinical questionnaire
- Upload supporting documentation
- Process referrals.

After the webinar, we'll send you a list of tips and tricks to keep handy.

Submitting drug prior authorization requests using Novologix®

Offered the second Thursday of every month, 1–2 PM

This webinar is for anyone who submits specialty drug prior authorizations. We'll show you how to:

- Use the Novologix portal (through Availity) to submit a specialty prior drug authorization
- Initiate a National Comprehensive Cancer Network® regimen (NCCN)
- Check the status of a pending request.

Webinars for new and current providers and staff

New to Aetna? Or looking to see what's new since you joined? Join us for our Doing business with Aetna® webinar. This course is for new and current providers and their staff. (If you're looking for how to use Availity to work with us electronically, you should register for one of our other webinars.)

Doing business with Aetna®

Offered the second Tuesday and third Wednesday of every month, 1–2:15 PM

This webinar is open to new and current contracted providers and staff only.

Join us for a tour of our Provider Onboarding Welcome page. You'll discover Aetna tools and resources to make your day-to-day tasks with us simple and quick. Learn about:

- Where to locate clinical and payment policies, online forms, provider manuals and referral and Medicare directories
- Our list of participating electronic vendors and clearinghouses to submit electronic transactions such as Eligibility and Benefits Inquiry, Precertification, Claim Submission and Status
- How to update your provider data and more.

See you on a future webinar!

Availity is a registered trademark of Availity, LLC. The National Comprehensive Cancer Network® (NCCN) is a registered trademark of the National Comprehensive Cancer Network.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).



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!



Culture Competency

What is Cultural Competency?

Cultural Competency is the ability of individuals, as reflected in personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual and behavioral characteristics of a community or population.

Cultural Competency is also the ability to translate this understanding systematically to enhance the effectiveness of health care delivery to diverse populations.

At Aetna Better Health®, we promote cultural competency and education to help eliminate health care inequalities.

We encourage providers to treat all members with dignity and respect (as required by federal law)* including honoring members' beliefs, being sensitive to cultural diversity, and fostering respect for members' cultural backgrounds.

*Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, and national origin in programs, and activities receiving federal financial assistance, such as Medicaid.

What does it mean to be Culturally Competent?

Cultural Competence is the ability to understand, communicate with and effectively interact with people across cultures.

Cultural competence encompasses:

- Being aware of one's own world view
- Developing positive attitudes towards cultural differences
- Gaining knowledge of different cultural practices and world views

MinorityHealth. (n.d.). Education. Retrieved from: <https://thinkculturalhealth.hhs.gov/education>.

Office of Adolescent Health. (2018, August 28). Cultural Competence. Retrieved from: <https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/cultural-competence/index.html>.

Understanding Cultural Competency. (n.d.). Retrieved from: <https://www.humanservicesedu.org/cultural-competency.html>.



New P.O. Box Address and Vendor for Paper Claim and Claim Correspondence (Effective 12/1/2022)

Claims P.O. Box #62198 will no longer be valid starting December 1st, 2022.

A key factor in getting claims processed in a timely manner is correct claims submission. Aetna Better Health Kids (CHIP) provides multiple options for you to choose from, including the sending of paper claims through the mail.

Aetna will be replacing the current vendor, Change Healthcare (CHC), with Conduent for services related to the receipt and imaging of all paper claims and claim correspondence. The change in vendor requires a change in the P.O. Box number and physical location to which any Aetna Medicaid or CHIP paper claim and correspondence are currently sent.

Mail will be forwarded from the old P.O. Box to the new P.O. Box for 12 months after 12/1/2022. To assist us in processing and paying claims efficiently, accurately, and timely, the health plan highly encourages practitioners and providers to submit claims electronically, when possible.

Additional details can be found in the sections below. If you have any questions about our claim submission process you can contact our Provider Relations Department by calling **1-866-638-1232**.

We are making you aware that the new P.O. Box, will be live and reflected electronically anywhere the P.O. Box address is currently listed on 12/1/22. Once the new P.O. Box is live, mail must be sent to the following address:

New P.O. Box

Aetna Better Health Kids
P.O. Box 982973
El Paso, TX 79998-2973



How to File a Claim

Source: Aetna Better Health of Pennsylvania Provider Manual

Electronic Billing

In an effort to streamline and refine claims processing and improve claims payment turnaround time, Aetna Better Health® Kids encourages providers to electronically submit claims through Change Healthcare or Office Ally.

Use our EDI payer number 23228, when submitting claims for both CMS 1500 and CMS-1450 forms.

Change Healthcare also offers verification that allows you to submit claims by visiting Change Healthcare at [changehealthcare.com](https://www.changehealthcare.com). Before submitting a claim through your clearinghouse, please verify that your clearinghouse is compatible with Change Healthcare or Office Ally.

We strongly encourage the electronic filing of claims (EDI). Electronic billing:

- Eliminates the cost of sending paper claims
- Allows you to track each claim sent
- Minimizes clerical data entry errors
- Ensures faster processing and payment of claim

We have agreements with the EDI claim clearinghouses listed below. They have software that sends preedited CMS 1500 02/12 and CMS-1450 claims to our Claim Department for review.


Important points to remember:

- Aetna Better Health® Kids does not accept direct EDI submissions from its providers
- Aetna Better Health® Kids does not perform any 837 testing directly with its providers, but performs such testing with Change Healthcare
- For electronic resubmissions, providers must submit a frequency code of 7 or 8 – any claims with a frequency code of 5 will not be paid
- Providers must be ICD-10 compliance upon roll-out

Paper Claims

We encourage providers to bill electronically but realize there are times where providers need to submit claims on paper. **Paper claims can be submitted to:**

Current Claims Mailbox
 Aetna Better Health® Kids
 Claims Submissions
 P.O. Box 62198
 Phoenix, AZ 85082-2198


NEW Claims Mailbox
 Aetna Better Health® Kids
 P.O. Box 982973
 El Paso, TX 79998-2973
 Effective 12/1/2022

Important Aetna Better Health® Kids Claims Information for Providers:

CLAIMS & CLAIMS CORRESPONDENCE		MAIL TO EL PASO, TEXAS	
Paper Claims & Claim Correspondence	Aetna Better Health® Kids P.O. Box 982973 El Paso, TX 79998-2973	Provider Relations or CICR: 1-866-638-1232	Electronic Payor ID: 23228
Resubmissions <ul style="list-style-type: none"> Submitted within the contracted timely filing guidelines Submitted electronically through our EDI vendors when supporting doc not required Submitted on paper to our processing center when supporting doc is required 	Aetna Better Health® Kids P.O. Box 982973 El Paso, TX 79998-2973	Provider Relations: 1-866-638-1232	When submitting a corrected claim, indicate on the claim whether it is a corrected claim or a resubmitted claim with appropriate supporting documentation
Inquiries	Aetna Better Health® Kids Attn: Claims Department P.O. Box 982973 El Paso, TX 79998-2973	Claims Inquiry Line: 1-866-638-1232 Available 8 AM – 5 PM each business day	
Medical Records	Aetna Better Health® Kids P.O. Box 982973 El Paso, TX 79998-2973	Provider Relations: 1-866-638-1232	Can also submit through the secure web portal accessible via our website
DISPUTES, GRIEVANCES & APPEALS		MAIL TO CLEVELAND, OHIO	
Disputes Participating Providers	Aetna Better Health® Kids Attn: Complaints, Grievances and Appeals P.O. Box 81040 5801 Postal Road Cleveland, OH 44181	Verbal Disputes: 1-866-638-1232 Or contact your assigned Provider Relations Representative	Fax: 1-860-754-1757 PAmedicaidAppeals&Grievance@Aetna.com
Grievances & Appeals Both in-network and out-of-network providers	Aetna Better Health® Kids Attn: Complaints, Grievances and Appeals P.O. Box 81040 5801 Postal Road Cleveland, OH 44181	Verbal Appeals and Grievances: 1-866-638-1232	Fax: 1-860-754-1757 1-860-754-1757 PAmedicaidAppeals&Grievance@Aetna.com

Additional Provider Education Regarding Change

Aetna Better Health Kids uses the TriZetto QNXT® system to process and adjudicate claims. Both electronic and paper claims submissions are accepted. To assist us in processing and paying claims efficiently, accurately, and timely, the health plan highly encourages practitioners and providers to submit claims electronically, when possible.

2022 Quick Reference Guide

Aetna Better Health® Kids

Administrative Office	1-800-822-2447 1425 Union Meeting Road Blue Bell, PA 19422	Complaints, Grievances & Appeals	1425 Union Meeting Road Blue Bell, PA 19422 F: 1-860-754-1757 PAMedicaidAppeals&Grievance@Aetna.com
Pharmacy: CVS Caremark	1-866-638-1232	eviCore®	Evicore.com
Eligibility Verification (by phone)	1-800-822-2447	• Radiology	1-888-693-3211
Claim Submission Address/Payor ID	Aetna Better Health® Kids P.O. Box #982973 El Paso, TX 79998-2973 Emdeon Payor ID: 23228	• Pain Management	1-888-393-0989
Prior Authorization Phone and Fax Numbers	P: 1-866-638-1232 F: 1-877 363-8120 AetnaBetterHealth.com/Pennsylvania/assets/pdf/provider/PriorAuthForm-NDCCode_PA_FINAL.pdf	• Client Services	1-800-575-4517
Provider Manual	AetnaBetterHealth.com/Pennsylvania/providers/manual	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
Website	AetnaBetterHealth.com/Pennsylvania	EFT / ERA	AetnaBetterHealth.com/Pennsylvania/assets/pdf/provider/provider-forms/EFT-AuthorizationEnrollmentForm-PA.pdf
Provider Web Portal	AetnaBetterHealth.com/Pennsylvania/providers/portal	Vision: Superior Vision	1-866-819-4298
Peer to Peer Request	1-959-299-6960	Provider Relations, Contracting & Updates	P: 1-866-638-1232 F: 1-860-754-5435 ABHProviderRelationsMailbox@Aetna.com
Member Services	1-800-822-2447	Special Needs Unit	1-855-346-9828
Claims Customer Service Contact	CICR: 1-866-638-1232	Dental: SKYGEN Provider Services	1-800-508-4892 skygenusa.com
Language Line Services	1-800-385-4104		

Pennsylvania Department of Human Services 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)	1-800-766-5387 DHS.pa.gov/providers/Providers/Pages/EVI.aspx	Outpatient Providers Practitioner Unit	1-800-537-8862 Prompt 1
		MA Provider Compliance Hotline	1-800-333-0119