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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 and refer it when requesting any status updates. Thank you for your immediate attention to this update.



Enhanced Benefits Exclusively for Our Members

Aetna Better Health® Kids members have several Enhanced Benefits they are eligible for. Be sure to help us get the word out about these exclusive benefits.

No Cost Over-the-Counter Benefit

Aetna Better Health® Kids members get a \$30 OTC allowance each month.

Introducing exclusive over-the-counter (OTC) member benefit! Now our members can get at no cost their favorite over-the-counter products for their child. We will even deliver the products to their home at no cost!

Get the details here: AetnaBetterHealth.com/pennsylvania/members/chip/otc

Transportation Benefit for Medical Appointments

Aetna Better Health® Kids (ABH Kids) has teamed up with Modivcare, a leader in non-emergent medical transportation to better connect our members with care at times when they need it most.

How to schedule a ride:

Call our Special Needs Unit at **1-855-346-9828 (TTY: 711)** to speak with one of our Care Management representatives today.

Tailored Meals for Children with Chronic Conditions

Aetna Better Health® Kids has partnered with MANNA to provide a series of meals that are designed for children who can benefit from a medically tailored diet based on certain diagnoses like diabetes, hypertension, and obesity. This service includes a dietician consultation, dietary education, and meal delivery no matter where you live.

To get more details, call our Special Needs Unit at **1-855-346-9828 (TTY: 711)** and speak with one of our Care Management representatives today.

Extra Dental Benefits

In addition to our regular benefits, Aetna Better Health® Kids now offers members Esthetic caps for Children with Dental caries of their baby teeth. Members should ask their dentist or Member Services for details.

Look for more Enhanced Member Benefits coming soon in 2023!



Behavioral Health Focus

Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders diagnosed during childhood, with more than three million diagnoses made per year. ADHD may contribute to low self-esteem, troubled relationships, and difficulty at school.

Children with ADHD may be more likely to have other psychiatric conditions. When assessing your patients' needs, it's important to consider medication options and appropriate referrals to therapy or nontraditional behavioral health services.

Prescribing a stimulant medication for the treatment of ADHD is common but can have serious side-effects. Some of these include increased blood pressure, weight loss, and sleep disturbance. To improve the overall health outcomes of our child and adolescent members diagnosed with ADHD, we have developed educational resources for providers and parents that encourage proper assessment, ongoing monitoring of side effects, and referral to therapy or other community-based behavioral health services.

In the weeks ahead, we will be completing targeted outreach to our members with an ADHD diagnosis and receiving a prescription for ADHS medications to offer support and education.

Finally, we will utilize our digital platform to assist parents with medication compliance and follow-up care appointments.

If you have any questions about available behavioral health benefits or treatment, reach out to your Provider Relations Representative.



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.



Important Change Member ID Numbers Are Changing

The last week of April, all Aetna Better Health® Kids members will receive a new Member ID Card in the mail. This card will have a new 10 digit member ID card that replaces their old 9 digit number. Be sure to ask all members for their new ID Card when they visit your practice.

Please be aware that the new ID number is effective on May 1, 2023 and should be used when submitting all claims for Aetna Better Health® Kids.



2022 Aetna Better Health® Kids Annual Medical Review Results

Opportunities for improvement

As shown in the chart on the next page, several components fell below the 85% threshold that is used to determine the adequate documentation of our enrollee's medical records.

We ask that you review the results below and the documentation requirements. We ask too, that our providers continue member outreach to offer our members preventative screenings, capturing required personal data, and completing lead risk assessments on all members below 6 years of age.

If you need a refresher on medical record documentation requirements, please contact your Provider Relations Representative.

Review of lab or other study results: Medical records should contain evidence of physician review of lab, x-ray, or biopsy results or other studies by either signing or initialing reports or documentation of the results in a progress note. Abnormal lab and imaging study results should have an explicit note regarding follow-up plans.

Notation of referral communication from specialist and evidence of discharge summaries: If a consultation/ referral is made to a specialist, there should be documentation of communication between the specialist and the PCP/ Pediatrician with notation that the physician has seen it.

Lead screening: For pediatric members (6 months to 6 years) there should be documentation in the medical record that the practitioner completed a lead screening questionnaire or have documentation that a venous blood lead level was performed.

- Assess if the member lives in or regularly visits a house with peeling or chipping paint that was built before 1960 or if that house (built before 1960) has recent, ongoing, or planned renovation.
- Assess if the member lives with someone whose job or hobby involves any exposure to lead.

For more information, visit the [CDC lead information website](#).

Assessment of member cultural and linguistic needs:

All members should have documentation in their medical records that providers have assessed the linguistic and/or cultural needs and provide if needed, such as translation services (available through Aetna Better Health® Kids) and religious needs.

Patient satisfaction and positive health outcomes are directly related to good communication between a member and his or her provider. A culturally competent provider effectively communicates with patients and understands their individual concerns. It is incumbent on providers to make sure patients understand their care regimen.

As part of our cultural competency program, we encourage providers to visit the [Office of Minority Health website](#).

MRR Results Items Reviewed	2021 Results	2022 Results
Member name or ID present on each page	99.2%	88.3%
Personal data	95%	95%
Entries in the record contain author signature or initials	99.2%	96.7%
All entries are dated	100%	90%
All entries are legible	99.2%	100%
Allergies or NKA	94.2%	100%
Current problem list	95%	98.3%
Past medical history	93.4%	100%
History and physical exam	95%	100%
Follow-up plan/ return visit for each encounter	97.5%	91.7%
Age-appropriate immunization record present <21 yrs.	67.8%	93.3%
Preventive screening/services offered	94.2%	100%
Treatment plan	99.2%	100%
Working diagnosis consistent with findings	99.2%	100%
No evidence patient is placed at inappropriate risk	99.2%	100%
BP/WT/HT at first visit	92.6%	90.4%
Review of lab or other study results	98.8%	73.2%
Notation of referral communication from specialist; evidence of discharge summary from hospitals, HHA and SNF if applicable	88.1%	58.3%
Practitioner addresses cultural needs and linguistic competence	100%	100%
Lead screening questionnaire (6 mos -6 yrs) completed	36%	44.4%

* A variance in the year over year rates is due to the population Aetna Better Health® Kids serves. In 2022, Aetna Better Health® Kids moved to a CHIP only population which only serves members up to the age of 19.



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).



Don't Miss Out – Sign up for Availity Today

To help improve your provider experience, we want to help you get the most benefits possible from Availity's great features.

Did you know?

Availity offers many great time-saving features with even more on the horizon. We encourage you to utilize the many features of Availity Essentials portal and reduce the time you now spend with the provider call center. Look below for a list of the most frequently used tools in the portal.

An advantage to using Availity now, is that you only have one user ID and password for Aetna Better Health Kids (and other participating payers in your region) and even better- there are no wait times!

Great Availity features*

- Get member Eligibility and Benefits information
- Obtain Prior Authorizations (both submissions and inquiries)
- View member Claim Status
 - Including the ability to submit claim reconsiderations/resubmissions
 - Downloading an electronic version of your Remittance Advice

Just think of how much time you can save, using Availity Essentials!

*For members who are no longer active with Aetna Better Health Kids, you will still continue to call in for assistance.

Need training?

If navigation is the issue, there are many free webinars that show you all the tips and tricks to finding your way around Availity, and two very important links are listed below.

Availity log in:

<https://apps.availity.com/availity/web/public.elegant.login> (Save it in your Favorites!)

Availity training:

Availity offers free on-demand and live training in the Availity Learning Center (ALC). Log in and select Help & Training > Get Trained to search the ALC catalog. TIP: For trainings applicable to Aetna Better Health use keyword search “ABHMC” in the ALC.

Remember, Availity is there to help you with all your technical and navigational needs as well. Just call us at **1-800-AVAILITY**.



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



New Dental HEDIS Measures for 2023

The HEDIS measure Annual Dental Visit has been retired.

The two new 2023 HEDIS dental measures are:

• **Topical Fluoride For Children (TFC)**

- Measure assesses the percentage 1-4 years of age who received at least two fluoride varnish applications during the calendar year.
- Applies to both Medical and Dental providers:
 - Medical providers: CPT code 99188
 - Must be billed with ICD-10 code Z41.8
 - Dental providers: CDT code D1206

• **Oral Evaluation, Dental Services (OED)**

- Measure assesses the percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation by a dental provider during the calendar year
- Applies to Dental providers (CDT codes D0120, D0145, D0150)

Medical providers can help with the dental measures by:

- Providing in office fluoride treatment to members ages 1-4 years of age when appropriate
- Screening members for regular dental checkups at every visit
- Educating members as to how their oral health can impact other medical conditions
- Encouraging members to make dental appointments as needed at each visit

For more information on these new measures reach out to our Quality Management Department at AetnaBetterHealthPAQM@aetna.com.


We appreciate your commitment to our member’s oral and overall health!



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



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**.



EFT/ERA Registration Process/All Providers

Aetna Better Health® Kids is partnering with Change Healthcare to introduce the new EFT/ERA Registration Services (EERS), a better and more streamlined way for our providers to access payment services.

What is EERS?

EERS offers providers a standardized method of electronic payment and remittance while also expediting the payee enrollment and verification process. Providers will be able to use the Change Healthcare online tool to manage EFT and ERA enrollments with multiple payers on a single platform.

How does it work?

EERS gives payees multiple ways to set up EFT and ERA in order to receive transactions from multiple payers. If a provider's tax identification number (TIN) is active in multiple states, a single registration will auto-enroll the payee for multiple payers. Registration can also be completed using a national provider identifier (NPI) for payment across multiple accounts.

Providers who currently use Change Healthcare as a clearinghouse will still need to complete EERS enrollment, but providers who currently have an application pending with Change Healthcare will not need to resubmit. Once enrolled, payees will have access to the Change Healthcare user guide to aid in their navigation of the new system.

How and when do I enroll?

Aetna Better Health Kids® will soon migrate all payee enrollment and verification to EERS. To enroll in EERS, please visit [AetnaBetterHealth.com/pennsylvania/providers/forms](https://payerenrollservices.com) and click on the EFT or ERA tab or go to <https://payerenrollservices.com>.

For questions or concerns, please reach out to your Aetna Provider Network team, scroll down to see the FAQ or visit the [Change Healthcare FAQ page](#) for more information.

Change Healthcare's Payer Enrollment Services FAQ

What is Payer Enrollment Services (PES)?

Payer Enrollment Services (PES) is a service for providers to enroll and manage Electronic Funds Transfers (EFT) and Electronic Remittance Advice (ERA) enrollments with multiple payers in a single location. Instead of enrolling with each payer individually, providers can use the PES service to enroll with multiple payers in a single solution. These enrollments are then delivered to payers for decisioning.

How do I log in?

Click the "Begin Enrollment" button. If you have an existing account with Change Healthcare with another solution, press 'Sign In'. If you are a new user, fill out the information and press "Create Account". You will receive an email to activate your account.

How do I submit an enrollment?

- Create your enrollment by filling out the Provider Information, Contact Information, Bank Information (only if adding EFT enrollment(s)), and Enrollment Information.
- Submit your enrollment(s) and you will receive an email notification confirming submission to Change Healthcare.
- Log in to the Provider Portal to check the status of your enrollment(s).

How do I check the status of the enrollments that I submitted?

Log in to the Provider Portal to view the status of enrollments submitted.

How do I know when my enrollment(s) were successfully approved by the payer?

- Log into Provider Portal to view the status of enrollments submitted.
- Enrollments that the payer has received are in a "Payer Received" status. These are in review with the payer so please wait to receive a decision.
- Enrollments that were successfully processed and approved by the payer will have a 'Payer Approved' status. Enrollments that the payer rejected will have a 'Payer Rejected' status.

Where can I submit new enrollments?

After your initial submission, you can log in to the Provider Portal to submit new enrollments using the "Add New Enrollment" button. This only becomes available once Change Healthcare has approved one of your enrollments.

How do I withdraw an enrollment?

Contact the Change Healthcare Support Team and let them know that you would like to withdraw an enrollment.

Who can I contact for help?

Contact the Change Healthcare Support Team at 800-956-5190 Monday through Thursday 8:00am to 5:00pm CST



Authorization Status - Notification Process Update



SKYGEN is modifying the process for notifying providers registered for the Provider Web Portal (PWP) as a payee when an authorization determination has been made.

Our goal is to reduce the number of faxed authorization notification summaries and instead notify payees by encrypted email which is PHI-free and secure. One email notification will be sent daily for all authorization status updates per portal URL instead of an individual fax for each authorization.

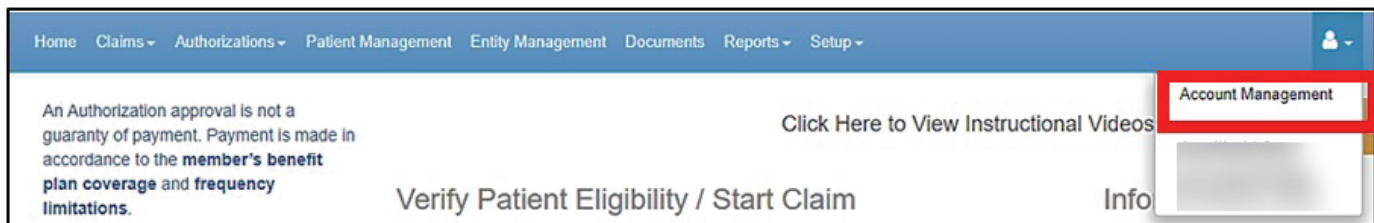
We will notify the provider within 24 hours of an authorization determination. The email directs providers registered as payees to the Provider Web Portal (PWP) for more information regarding all authorization status updates. Once logged into (PWP) providers can use the authorization number(s) listed in the email to view the related authorization determination summary(s) and documents related to the authorization request.

Providers can check their current registration email address and other contact information to make sure it is correct by logging onto the (PWP): <https://pwp.sciodontal.com>.

Once logged in to the Provider Web Portal click on the Account Management tab:

- Providers can then check and change their portal registration information if needed

If you have questions regarding the authorization status - notification process update for providers registered for the Provider Web Portal (PWP) as a payee, please contact SKYGEN Provider Relations at **1-855-878-5373** or providerservices@skygenusa.com.



Home Claims Authorizations Patient Management Entity Management Documents Reports Setup

Account Management

Personal Information Password Security

Personal Information

First Name *

Middle Name

Last Name *

Email *

System-generated messages are sent to this email address.

Save



Clinical Payment, Coding and Policy Changes

New Policy Updates—Effective May 1, 2023

We regularly revise our clinical, payment and coding policy positions as part of our ongoing policy review processes. This notice is developed to keep you informed of the details of the upcoming new policies or policy changes for Aetna Better Health® Kids (CHIP).

Please see the information below regarding upcoming new policies which are effective May 1, 2023.

Duplicate Services Policy

Duplicate Claim Logic for Inpatient Claims- According to our policy, which is based on CMS Policy, duplicate logic for inpatient hospital facility claims/claim line reviews duplicates criteria to determine if a service has been previously processed and as such will not be reimbursed.

Laboratory-Pathology Policy- Gastrointestinal Panels Testing

According to our policy, which is based on CMS Policy, Gastrointestinal Panels testing of 12 or more organisms is only covered in critically ill or immunosuppressed patients.

Drug and Biological Policy Processing and Policy Guidelines-National Drug Code (NDC)

Expired NDC Numbers-According to CMS policy, providers are required to report valid National Drug Code (NDC) numbers for the given date of service. Therefore, when an NDC number has been designated as expired it is only allowed to be reported for the “obsolete” period of 30 months (913 days) set in the standard NDC reference sources. Once the expired NDC has surpassed the obsolete time frame it is no longer considered valid and should not be reported.

Questions?

Call Provider Relations at **1-866-638-1232** for assistance.



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.



March 2023 - Provider Education Webinar Series

Wednesday, March 29, 2023 — 11 AM EST

Provider Updates & Changes You Should Be Aware Of

- CHIP Servicing Area
- Introduction of Provider Relations CHIP Team
- Updates to Roster & Provider Data Maintenance Submission Process
- Information Regarding Our Updated Member ID Cards Effective May 1, 2023
- Information Regarding How Medical Providers Can Help with the New Dental HEDIS Measures

[Click to register.](#)

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	Appeals and Grievances must be in writing.	Fax: 1-860-754-1757 or 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.

2023 Quick Reference Guide

Aetna Better Health® Kids

Administrative Office	1-800-822-2447 1425 Union Meeting Road Blue Bell, PA 19422
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 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
Provider Manual	AetnaBetterHealth.com/Pennsylvania/providers/manual
Website	AetnaBetterHealth.com/Pennsylvania
Provider Web Portal	AetnaBetterHealth.com/Pennsylvania/providers/portal
Peer to Peer Request	1-959-299-6960
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	PO Box 81040 5801 Postal Road Cleveland, OH 44181 F: 1-860-754-1757 PAMedicaidAppeals&Grievance@Aetna.com
eviCore®	Evicore.com
• Radiology • Pain Management • Client Services	1-888-693-3211 1-888-393-0989 1-800-575-4517
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/forms Click on the tab: Electronic Fund Transfer (EFT)/Electronic Remittance Advice (ERA)
Vision: Superior Vision	1-866-819-4298
Provider Relations, Contracting & Updates	P: 1-866-638-1232 F: 1-860-754-5435 ABHProviderRelationsMailbox@Aetna.com
Special Needs Unit	1-855-346-9828
Dental: SKYGEN Provider Services	1-800-508-4892 skygenusa.com

Pennsylvania Department of Human Services Resources

Dept of Human Services Helpline	1-800-692-7462
Behavioral Health	1-800-433-4459
OMAP - HealthChoices Program: Complaint, Grievance & Fair Hearings	1-800-798-2339 PO Box 2675 Harrisburg, PA 17105-2675
Eligibility Verification System (EVS)	1-800-766-5387 DHS.pa.gov/providers/Providers/Pages/EVI.aspx

Provider Inquiry Hotline	1-800-537-8862 Prompt 4
Pharmacy Hotline	1-800-558-4477 Prompt 1
MA Provider Enrollment Applications/Changes	1-800-537-8862 Prompt 1
Outpatient Providers Practitioner Unit	1-800-537-8862 Prompt 1
MA Provider Compliance Hotline	1-800-333-0119