Aetna Better Health® of Pennsylvania

February 2021 Webinar

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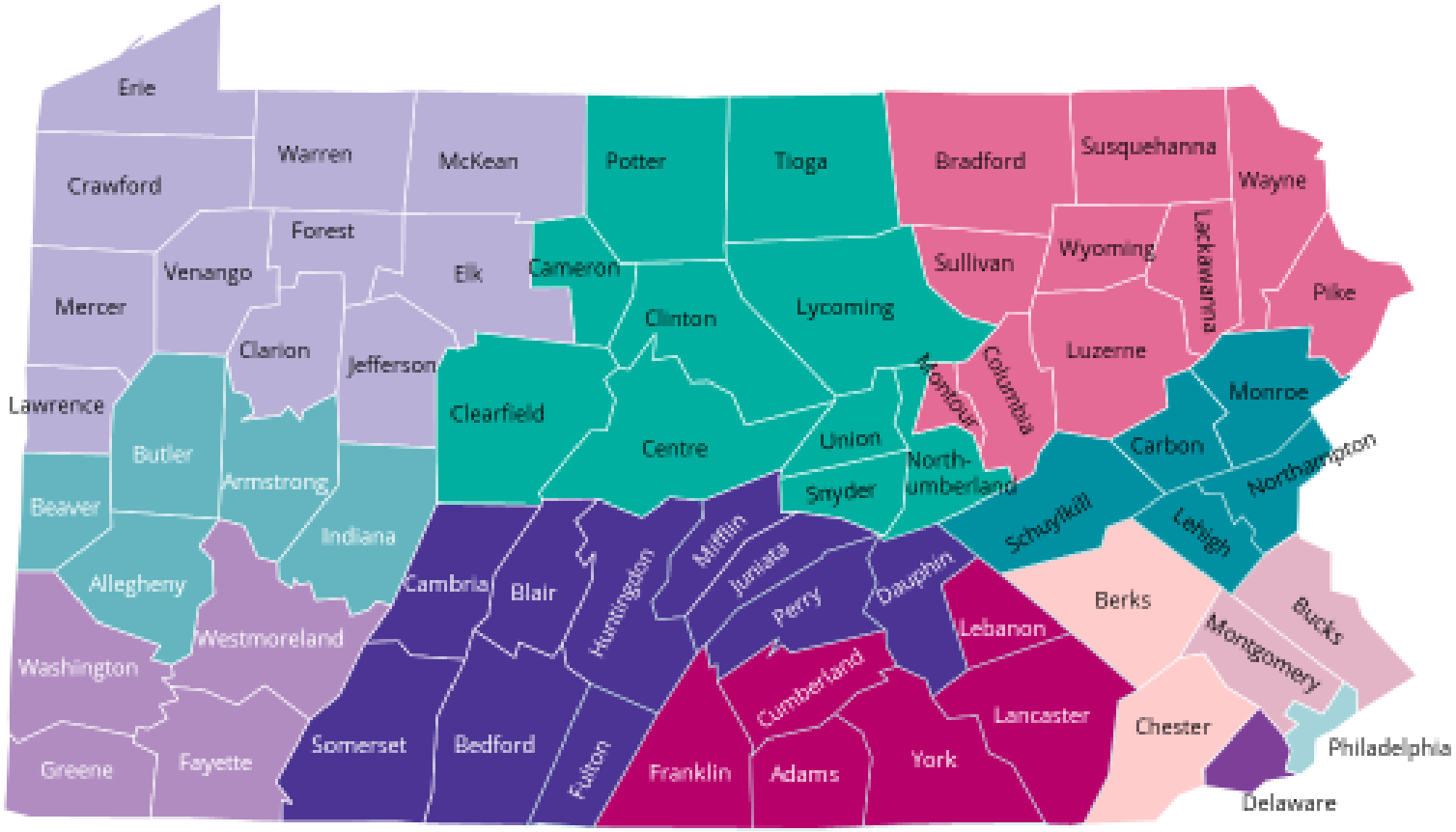
February 24, 2021

Network Relations Territory Map



Sherrie Flannery	Melinda Roach	Kim Heggenstaller	Kari Heggs
Vacant	Michelle Bogard	Jacelyn Cressman	Teresa Washington / Anna DiPietro
Vacant	Michael Quinn	Kimberly Young	Teresa Washington Including FQHC/RHC
			All FQHC/RHC – Teresa Washington

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Large Group & Hospital Assignments

Provider Group	Representative
Advocare Pediatrics	Kari Heggs
Allegheny Health Network	Vacant
Children's Hospital of Phila.	Teresa Washington
Coordinated Health	Vacant
Crozer Keystone	Teresa Washington
CVS MinuteClinic	Kari Heggs
Detweiler Family Medicine	Kimberly Young
Drexel Medicine	LaShawn Bailey
Einstein Health Network	Anna DiPietro
FQHC's	Teresa Washington
Geisinger	Kim Heggenstaller
Jefferson Health	Anna DiPietro
Lehigh Valley Health Network	Jaclyn Cressman

Provider Group	Representative
Trinity (Mercy) Health	Kari Heggs
Nemours	Teresa Washington
Penn State Health	Kimberly Young
Phoenix Rehabilitation & Health Services, Inc.	Vacant
Quest Diagnostics	Kari Heggs
St. Christopher's	Kimberly Young
St. Mary Medical Center	Kari Heggs
Tower Health	Kimberly Young
UPMC Cole	Melinda Roach
UPMC Pinnacle	Michelle Bogard
UPMC Susquehanna	Melinda Roach
UPMC – Western PA	Melinda Roach
WellSpan Health	Michael Quinn

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Meet the faces

of Aetna Better Health® of Pennsylvania

—

NRC Spotlight

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As a team, we are committed to supporting our providers and working together toward positive outcomes for your patient, our member.

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Experience:

I have more than 20 years of experience in the health insurance industry. I previously served as a Senior Provider Engagement analyst for a benefits administrator in central Pennsylvania. My experience includes contract administration, reporting, regulatory compliance and network education.

Territory:

My territory includes Bedford, Blair, Cambria, Dauphin, Fulton, Huntingdon, Juniata, Mifflin, Perry and Somerset Counties.

More about Michelle:

I currently live in Perry County with my husband and two daughters. In my spare time I enjoy traveling, reading and most importantly, quality time with friends and family.

Michelle Bogard

Network Relations Consultant

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Email: BogardM@aetna.com

Phone: 717-601-4084

Agenda

- ❑ Credentialing
- ❑ Provider Updates
- ❑ Location Changes
- ❑ News
- ❑ Links

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CREDENTIALING

AETNA BETTER HEALTH PRACTITIONERS REQUIREMENTS:

- HOLD A CURRENT, VALID PENNSYLVANIA STATE LICENSE TO PRACTICE MEDICINE
- HAVE STAFF PRIVILEGES AT A PARTICIPATING PENNSYLVANIA HOSPITAL
- HAVE AN ACTIVE DEA CERTIFICATE
- PROVIDE VERIFICATION OF MEDICAL SCHOOL COMPLETION, RESIDENCY TRAINING AND FELLOWSHIP
- HAVE CURRENT PROFESSIONAL LIABILITY INSURANCE THAT MEETS STATE MINIMUM REQUIREMENTS
- HOLD A VALID PROMISE ID AT EACH SERVICE LOCATION BEFORE TREATING ANY AETNA BETTER HEALTH MEMBER

AFTER THE PRACTITIONER APPLICATION SCREENING FORM IS RECEIVED, AN ACKNOWLEDGEMENT LETTER WILL BE SENT OUT WITHIN TEN CALENDAR DAYS. THOSE THAT PASS OUR PRE-SCREENING VERIFICATION WILL BE ENTERED INTO THE CREDENTIALING PROCESS.

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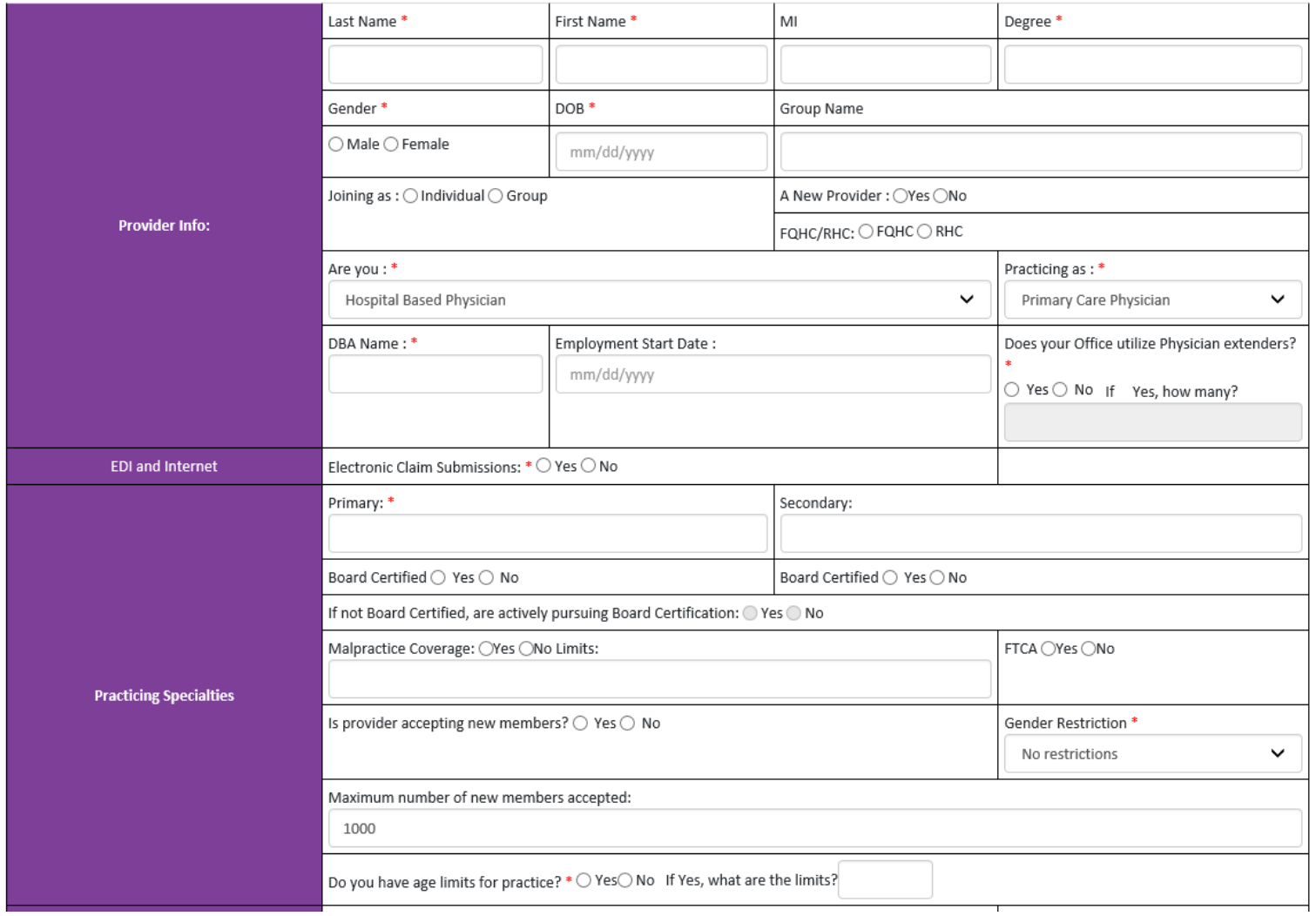
Practitioner Application

Practices currently contracted with Aetna Better Health can enroll new providers by submitting the Online Practitioner Application.

Providers may also enroll by printing and completing the Paper Practitioner Application and submitting to us using one of the following methods:

- Email to: MedicaidProviderRelations@AETNA.com-change
- Fax to: **860-754-5435**

To ensure timely processing and accurate directory information, please be sure to complete ALL data fields on the practitioner application.



Provider Info:

Last Name * | First Name * | MI | Degree *

Gender * | DOB * | Group Name

◯ Male ◯ Female | mm/dd/yyyy

Joining as : ◯ Individual ◯ Group | A New Provider : ◯Yes ◯No | FQHC/RHC: ◯ FQHC ◯ RHC

Are you : * Hospital Based Physician | Practicing as : * Primary Care Physician

DBA Name : * | Employment Start Date : mm/dd/yyyy | Does your Office utilize Physician extenders? * ◯ Yes ◯ No If Yes, how many?

EDI and Internet

Electronic Claim Submissions: * ◯ Yes ◯ No

Practicing Specialties

Primary: * | Secondary:

Board Certified ◯ Yes ◯ No | Board Certified ◯ Yes ◯ No

If not Board Certified, are actively pursuing Board Certification: ◯ Yes ◯ No

Malpractice Coverage: ◯Yes ◯No Limits: | FTCA ◯Yes ◯No

Is provider accepting new members? ◯ Yes ◯ No | Gender Restriction * No restrictions

Maximum number of new members accepted: 1000

Do you have age limits for practice? * ◯ Yes◯ No If Yes, what are the limits?

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Credentialing Overview

Provider's application received

- Online, Fax, or Email

Information uploaded into Aetna Better Health system

Acknowledgement notices sent electronically (10 day)

- If you have not received the acknowledgement email notice within 10 days, please email Provider Relations at MedicaidProviderRelations@aetna.com or contact your Network Relations Consultant

Clean Application validation

- Verifying Promise ID (Valid/Active)
- Checking the OIG/Medicheck websites for sanctions
- Checking NPPES for valid NPI number and Taxonomy codes
- CAQH number for attestation of CAQH

Incomplete/In-process notice sent electronically (30 days)

- In-process notice sent for clean applications
- Incomplete notices sent and specify missing/incomplete elements
  - PROMISe ID and service location, NPI, CAQH Attestation etc.

Acceptance notice sent out electronically (60 days)

- Credentialing completed & valid PROMISe ID
- Application will remain open for 120 days at which time a cancellation letter will be sent out

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Credentialing Exceptions

- All practitioners requesting to participate in ABH PA network are required to complete a credentialing application, available online.
- Aetna Better Health performs provider validations on all applications received.
- Hospital and facility-based specialties do not require full end-to-end credentialing. Examples include but not limited to:
  - Emergency Medicine
  - Pathology
  - Anesthesiology
  - Radiology
  - Hospitalist

**We do not enroll Physician Assistants and Locum Tenens*

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HELPFUL TIPS

VERIFY and ENSURE all information on the following websites is complete and accurate BEFORE submitting a credentialing application:

- NPPES
- CAQH
- PROMISe ID numbers and service locations for provider and group

Once the above verification is completed, submit a credentialing application. Be sure to complete all fields to avoid processing delays.

Provider Updates

Make sure your contact information is current with us. If you want to make changes to your information, all you need to do is complete the Online Practitioner Information Change Form.

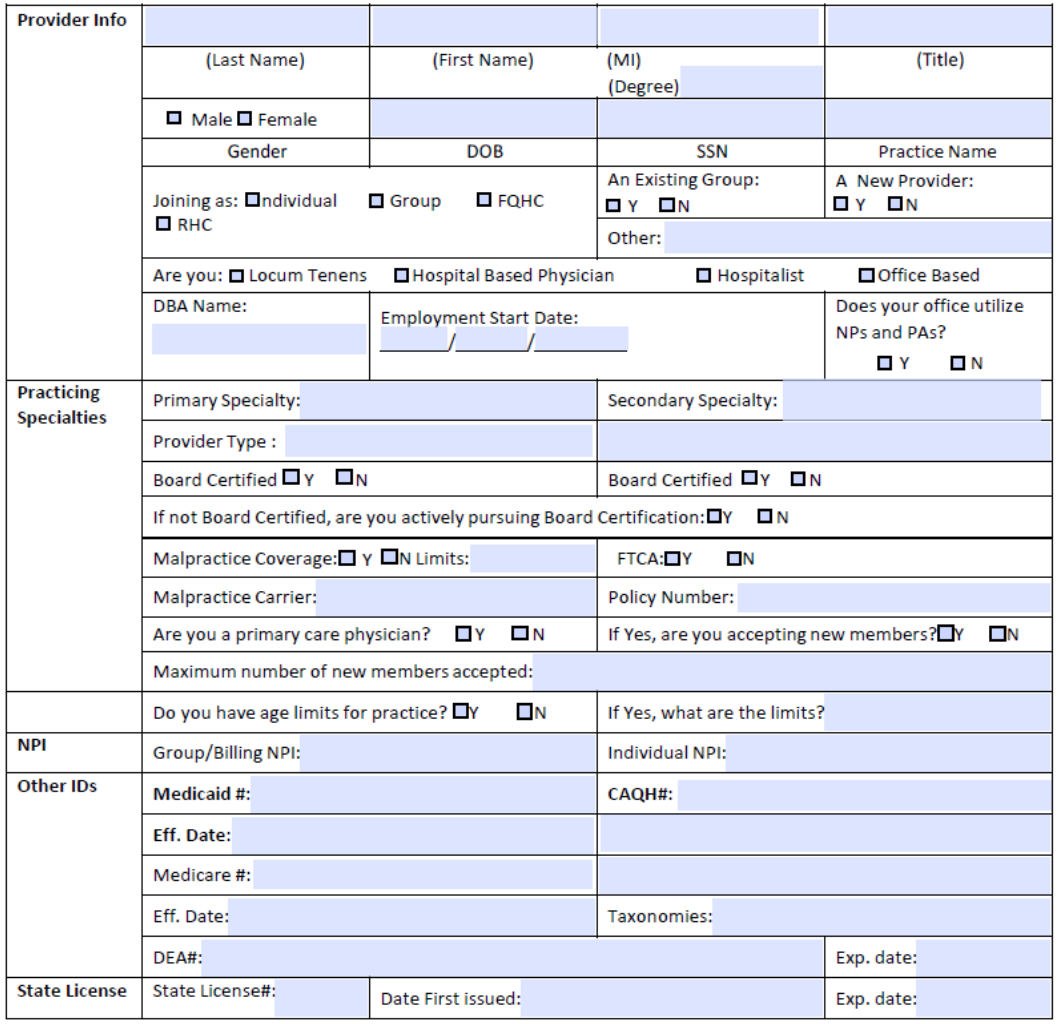
Or you may print and complete the Paper Practitioner Information Change Form and submit it to us using one of the following methods:

- Email to: ABHProviderRelationsMailbox@aetna.com
- Fax to: 1-860-754-5435

You can fill out one form per provider in your practice. You can make changes to your:

✓ Name
✓ Physical and mailing addresses
✓ TIN
✓ NPI
✓ Social security number

*To add additional service locations to a provider already affiliated with your group &TIN, please complete the online Practitioner Information Change Form. Another option is to submit a letter on company letterhead indicating the new address along with all pertinent information, including MA ID service location codes for group and provider. Please submit it to ABHProviderRelationsMailbox@aetna.com.



Provider Info				
	(Last Name)	(First Name)	(MI) (Degree)	(Title)
	☐ Male ☐ Female			
	Gender	DOB	SSN	Practice Name
	Joining as: ☐ndividual ☐ Group ☐ FQHC ☐ RHC		An Existing Group: ☐ Y ☐N	A New Provider: ☐ Y ☐N
			Other:	
	Are you: ☐ Locum Tenens ☐Hospital Based Physician ☐ Hospitalist ☐Office Based			
	DBA Name:	Employment Start Date: ____/____/____		Does your office utilize NPs and PAs? ☐ Y ☐ N
Practicing Specialties	Primary Specialty:		Secondary Specialty:	
	Provider Type :			
	Board Certified ☐Y ☐N		Board Certified ☐Y ☐N	
	If not Board Certified, are you actively pursuing Board Certification: ☐Y ☐N			
	Malpractice Coverage: ☐ Y ☐N Limits:		FTCA: ☐Y ☐N	
	Malpractice Carrier:		Policy Number:	
	Are you a primary care physician? ☐Y ☐N		If Yes, are you accepting new members? ☐Y ☐N	
	Maximum number of new members accepted:			
	Do you have age limits for practice? ☐Y ☐N		If Yes, what are the limits?	
NPI	Group/Billing NPI:		Individual NPI:	
Other IDs	**Medicaid #:**		**CAQH#:**	
	Eff. Date:			
	Medicare #:			
	Eff. Date:		Taxonomies:	
	DEA#:			Exp. date:
State License	State License#:	Date First issued:		Exp. date:

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Joining the Network and Credentialing New Providers

The following steps should be completed if your practice is not contracted with ABHPA. (If your practice is already contracted with ABHPA, it is only necessary to complete STEP 2).

STEP 1: Sign a Contract. The first step is to execute a contract between your group and Aetna Better Health of PA (ABHPA). This process is managed by a Network Manager in our Network Contracting department.

- Complete the Online Out of Network Request to Join Form.
- Or you may print and complete the Paper Out of Network Request to Join Form and submit to us using one of the following methods:
  - Email to PAMedicaidNetworkDevelopment@AETNA.com
  - Fax to 1-877-533-5887

Your request will be reviewed, and you will be informed of a decision within 60 days. To confirm your contract status, email PAMedicaidNetworkDevelopment@AETNA.com.

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Joining the Network and Credentialing New Providers

STEP 2: Submit Practitioners to be Credentialed. Once your contract is fully executed, you must submit all practitioners for credentialing. If you did not submit your practitioners to ABH during the contracting process, you should now submit a credentialing application for each practitioner. If you have 10 or more providers, you can submit them to us on a bulk applications provider enrollment template. The following status notifications will be emailed to the administrative contact indicated on the practitioner application or bulk applications provider enrollment template:

- Once a clean credentialing application is received, an acknowledgment email notification will be sent within 10 days.
- If a credentialing application is incomplete an email notification will be sent within 10 days.

  TIP: Once you resolve any issues referenced in the incomplete email notification, please send an email to the following mailbox to advise us that the issue was resolved. Be sure to include the individual practitioner NPI and Group Name.

  MedicaidProviderRelations@AETNA.com
- If a credentialing application is still undergoing the credentialing process 30 days after receipt of a clean credentialing application, a 30-day in process notification will be sent.
- You will be notified of your credentialing status within 60 days of receipt of the clean credentialing application.
- Once acceptance/welcome letters are received for each provider, they may begin to treat patients as participating.

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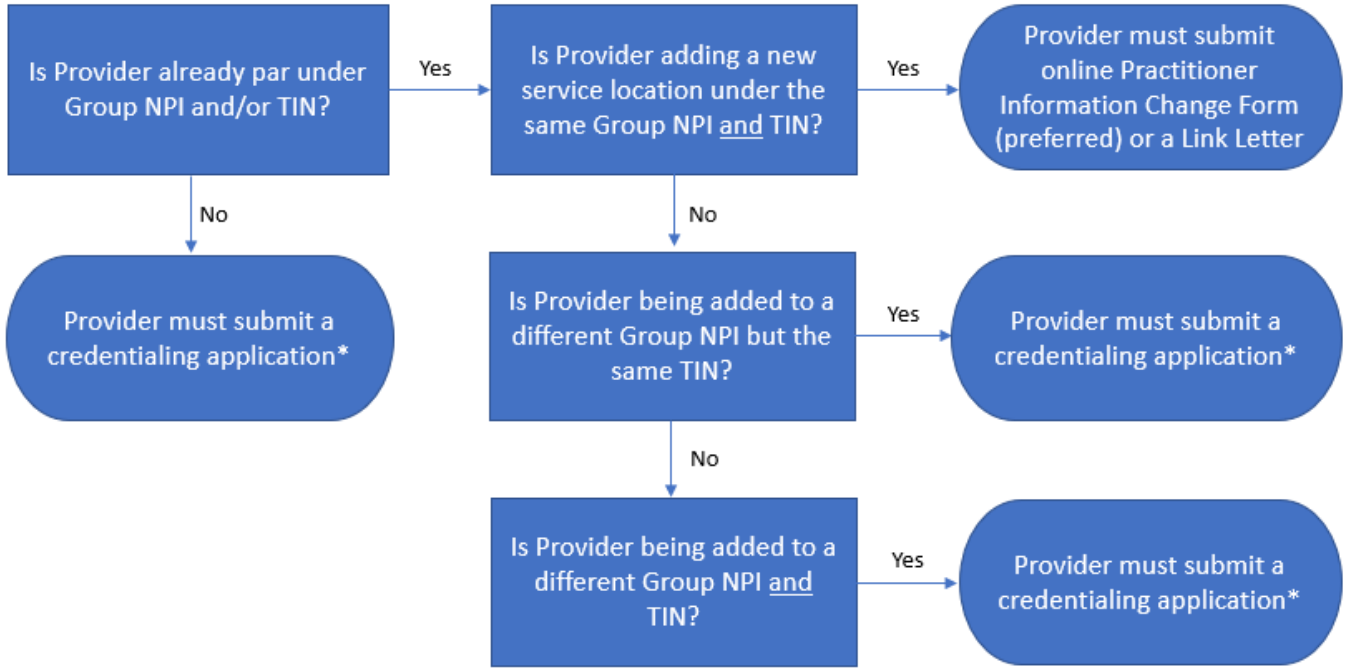
Adding Providers to an Existing Contracted (Par) Group

Please follow the chart below based on your scenario, because a full application may not be necessary, and a Practitioner Information Change Form or Link Letter may be sufficient.



* If more than 10 providers, email the Bulk Applications Provider Enrollment Template to ABH_PA_CREDENTIALING@AETNA.com

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News & Notices

AVAILITY

- **If you already have access to Availity (with another payer or Aetna Commercial), then you can go live with Aetna Better Health of PA now.**

- If you are not yet registered on Availity then you will receive a co-branded email in early to mid April to register and learn more about Availity.

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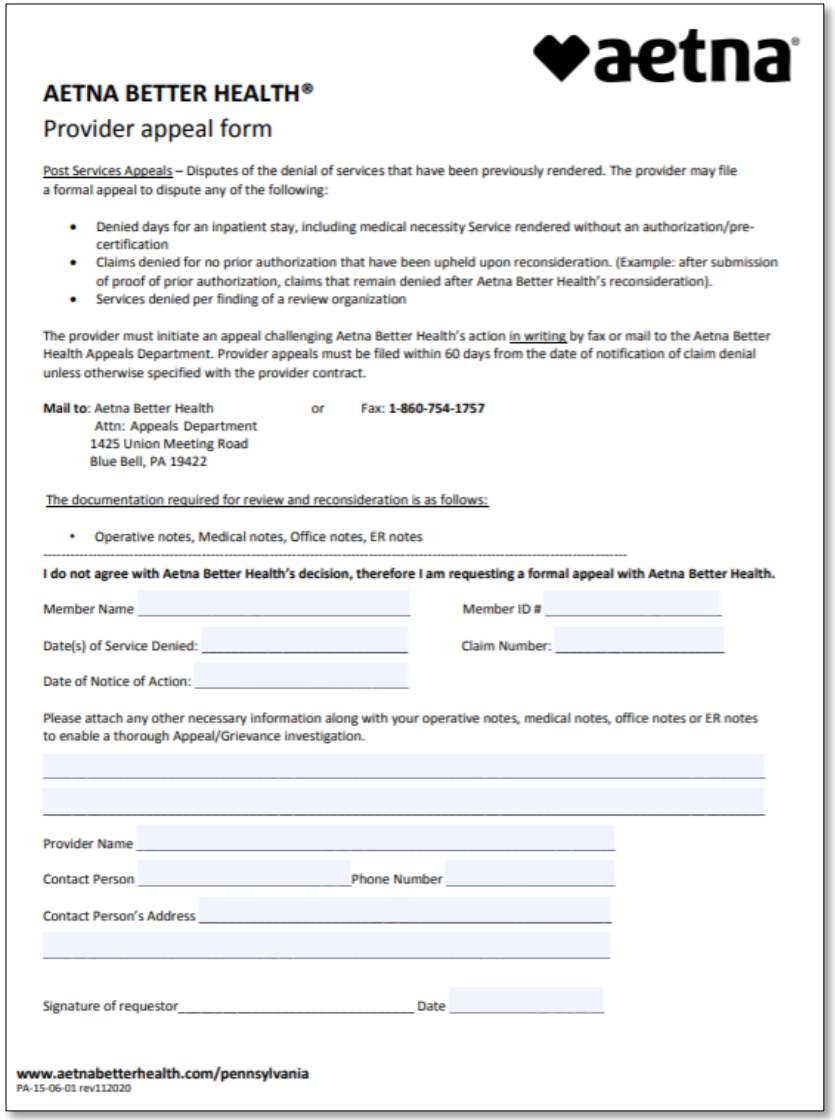
Provider Appeals and Disputes

NEW ADDRESS FOR APPEALS

Aetna Better Health
Complaints, Grievances & Appeals
1425 Union Meeting Road
Blue Bell, PA 19422

Fax: 1-860-754-1757
Email: PAMedicaidAppeals&Grievance@Aetna.com

Click the below link to access the form:
Provider Appeal Form



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Provider appeal form

Post Services Appeals – Disputes of the denial of services that have been previously rendered. The provider may file a formal appeal to dispute any of the following:

- Denied days for an inpatient stay, including medical necessity Service rendered without an authorization/pre-certification
- Claims denied for no prior authorization that have been upheld upon reconsideration. (Example: after submission of proof of prior authorization, claims that remain denied after Aetna Better Health's reconsideration).
- Services denied per finding of a review organization

The provider must initiate an appeal challenging Aetna Better Health's action in writing by fax or mail to the Aetna Better Health Appeals Department. Provider appeals must be filed within 60 days from the date of notification of claim denial unless otherwise specified with the provider contract.

Mail to: Aetna Better Health
Attn: Appeals Department
1425 Union Meeting Road
Blue Bell, PA 19422

or Fax: **1-860-754-1757**

The documentation required for review and reconsideration is as follows:

- Operative notes, Medical notes, Office notes, ER notes

I do not agree with Aetna Better Health's decision, therefore I am requesting a formal appeal with Aetna Better Health.

Member Name _____ Member ID # _____

Date(s) of Service Denied: _____ Claim Number: _____

Date of Notice of Action: _____

Please attach any other necessary information along with your operative notes, medical notes, office notes or ER notes to enable a thorough Appeal/Grievance investigation.

Provider Name _____

Contact Person _____ Phone Number _____

Contact Person's Address _____

Signature of requestor_____ Date _____

www.aetnabetterhealth.com/pennsylvania
PA-15-06-01 rev112020

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Links to Remember

COVID-19 Resources

COVID-19 Update for Providers and Community Partners

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/COVID19%20Prov_CommPart_Notice_2_FINAL.pdf

COVID-19 Provider FAQs

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/COVID_FAQ_ProvNotice_0407_FINAL2.pdf

Telemedicine Billing Guidelines FQHC & RHC

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/Telemedicine%20Billing%20Guidelines%20FQHC%20%20RHC%20COVID-19_2_April7rev).pdf

COVID-19 Prior Authorization Changes

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/Prior%20Auth%20Update%20April_9.pdf

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Important Links

Fall/Winter Newsletter

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/provider-newsletter/ABH%20Provider%20Newsletter%20Fall-Winter_2020_2.pdf

Quick Reference Guide

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/packet/2019%20Quick%20Reference%20Guide%2020091.pdf

Provider Experience Education Resources

https://www.aetnabetterhealth.com/pennsylvania/providers/education

Network Relations Consultant Territory Map

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/Network%20Relations%20Consultant%20Territory%20Map_UA.pdf

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