Aetna Better Health® of Pennsylvania

Credentialing Webinar

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June 1, 2022

Agenda

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

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Meet the faces

of Aetna Better Health® of Pennsylvania

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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

Teri has worked in managed care for over 5 years with a focus on program and network adequacy development.

She currently is a Senior Analyst within the Network Relations Department of Aetna Better Health of Pennsylvania. Teri is a graduate of St. Joseph's University in Philadelphia, PA and holds a Master's Degree in Health Administration.

Territory

Her territory includes Bucks and Montgomery counties, as well as providers as assigned.

More about

Teri currently lives in Doylestown, Bucks County. She loves nature and dreams of one day living in a beautiful cabin in Switzerland.

Theresa Russell-Shaw

Senior Analyst, Network Relations

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Phone: 267-621-0102

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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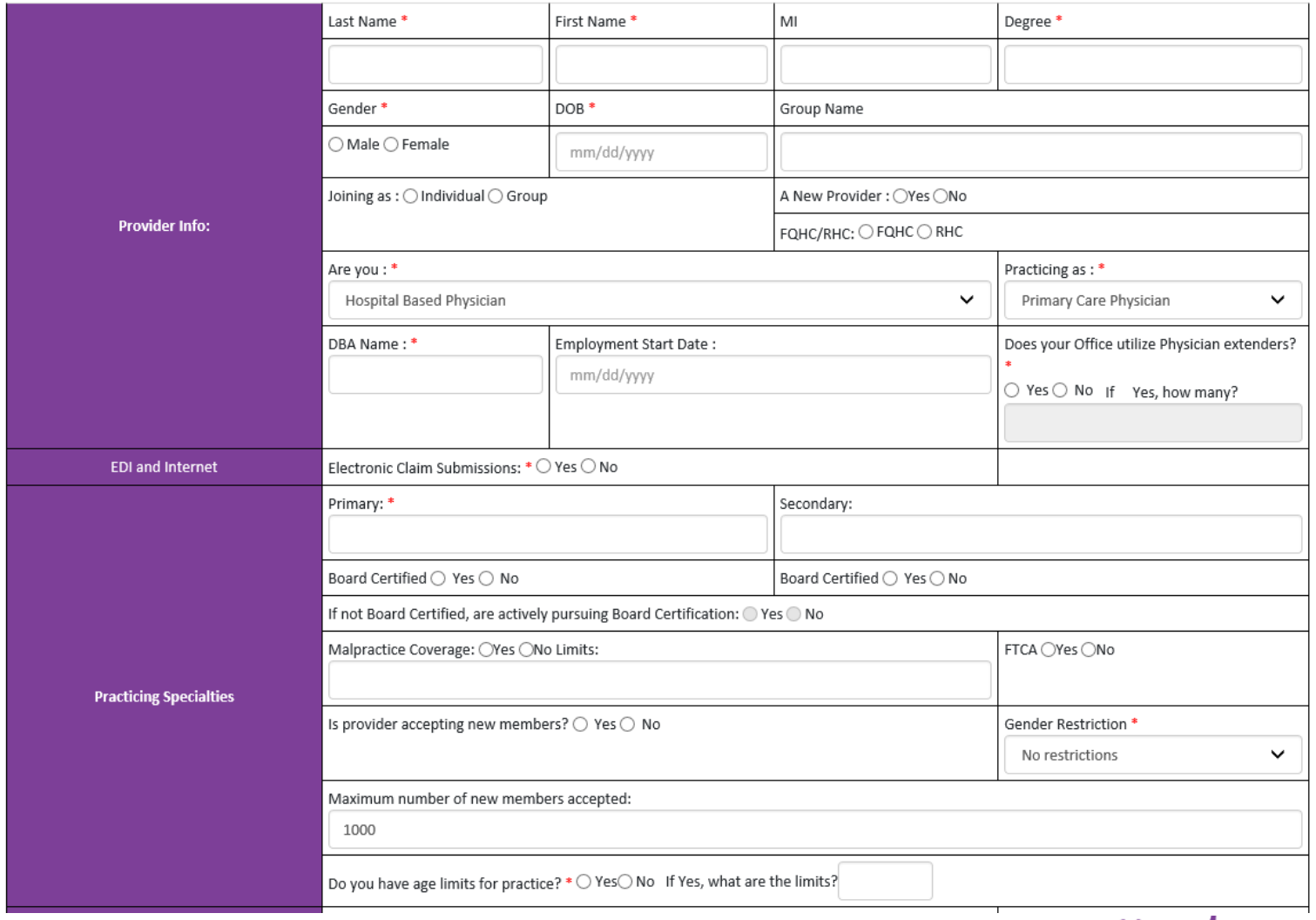
Practitioner Application

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: MedicaidProviderRelations@AETNA.com
- Fax: **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?

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

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*

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.

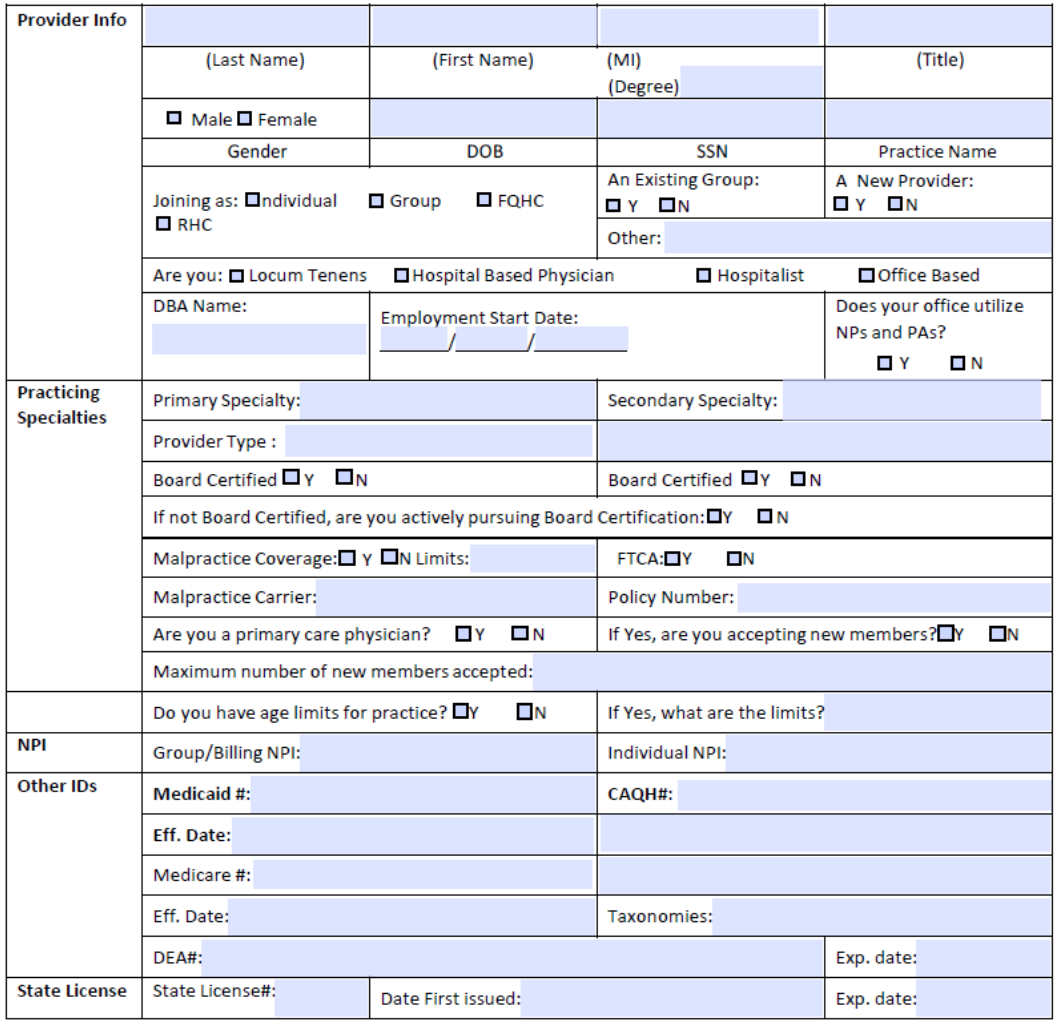
Or you may print and complete the Paper Practitioner Information Change Form and submit it to us using one of the following methods:

- Email to: ABHProviderRelationsMailbox@aetna.com
- Fax: 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.

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:

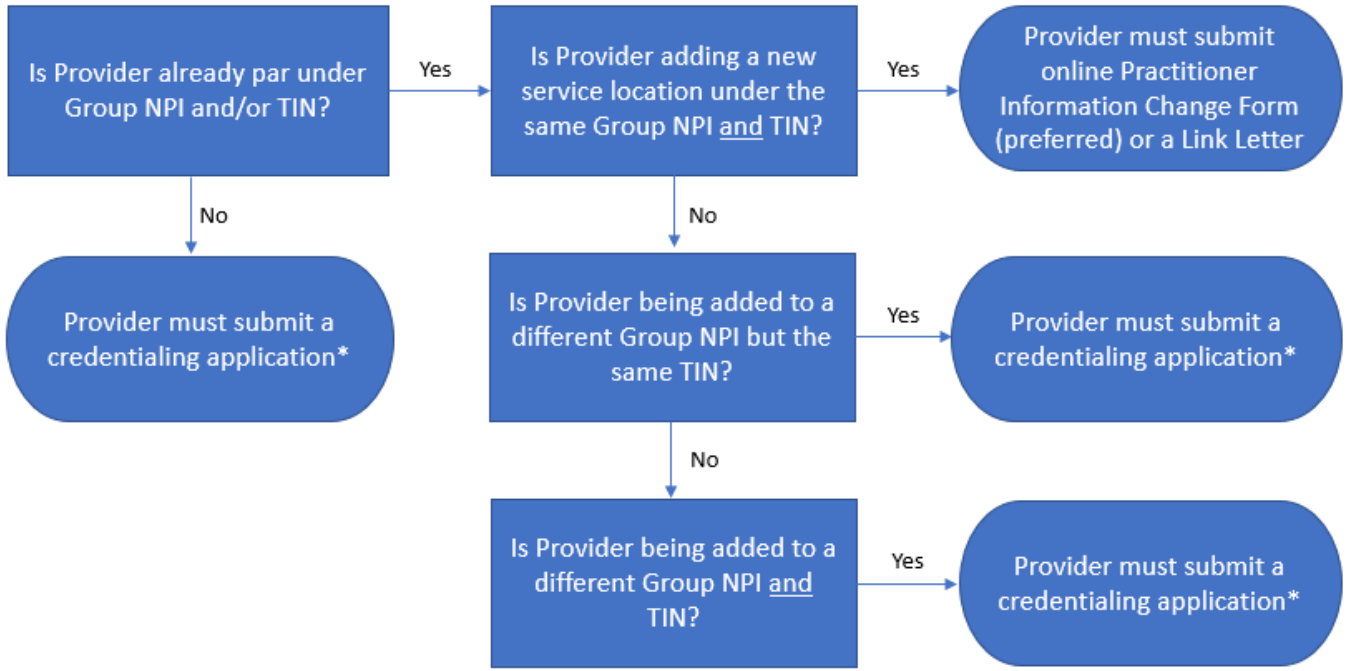
- Once a clean credentialing application is received, an acknowledgment email notification will be sent within 10 days.
- If a credentialing application is incomplete an email notification will be sent within 10 days.

  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.

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 MedicaidProviderRelations@AETNA.com

News & Notices

Provider Appeals and Disputes

NEW ADDRESS FOR APPEALS

Aetna Better Health
Attn: Appeals Department
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

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

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

Administrative Tools

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® of Pennsylvania **or** **Fax: 1-860-754-1757**
Attn: Appeals Department
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

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 _____

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Aetna Better Health® of Pennsylvania
Aetna Better Health® Kids

AetnaBetterHealth.com/Pennsylvania

PA-15-06-01 (rev0821)

Aetna Better Health Kids is Growing!

January 2022
Service Area Expansion

23 Pennsylvania Counties to 41 Counties

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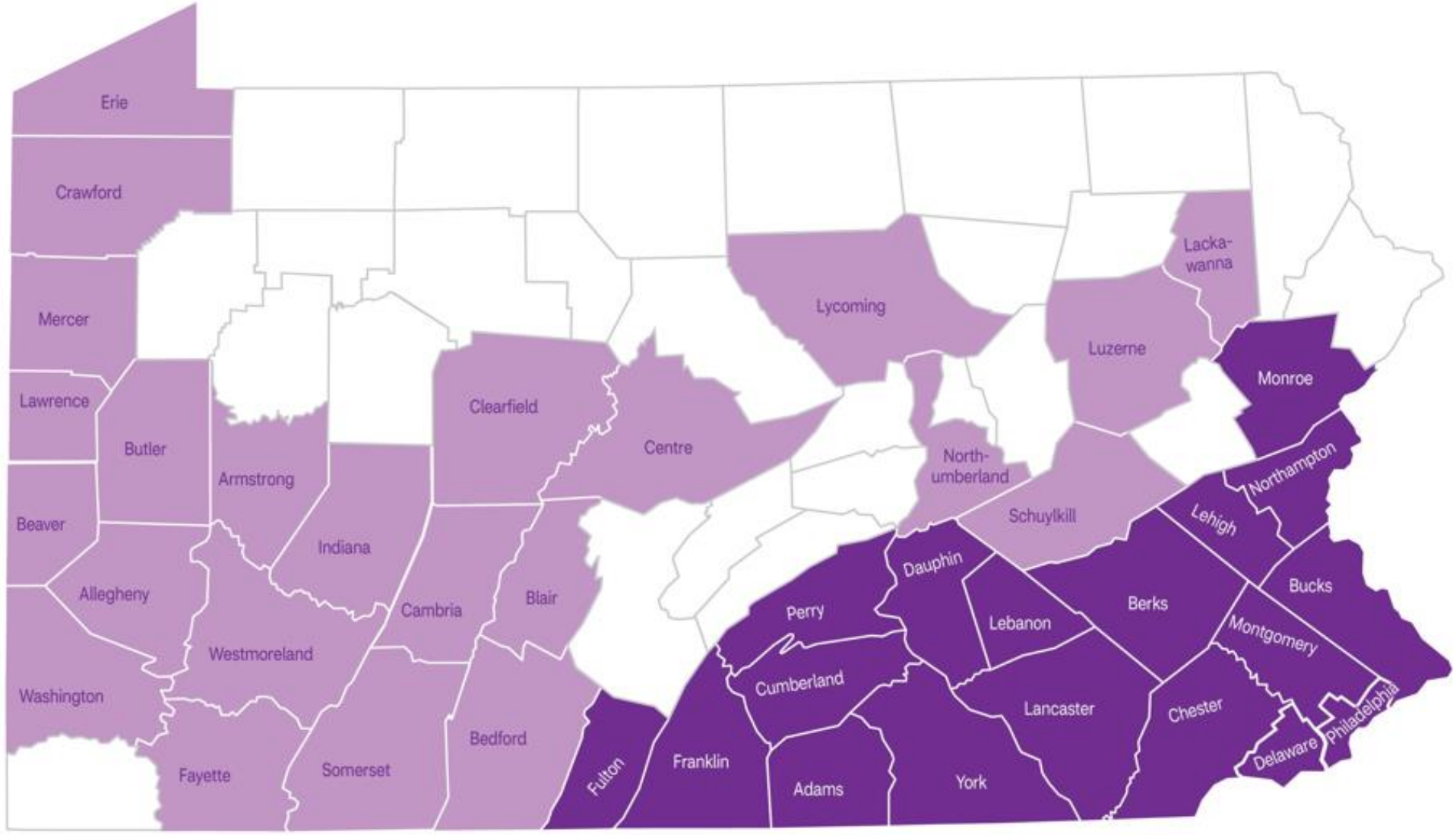
Aetna Better Health® Kids Expansion



Links to Remember

Important Links

Winter/Spring 2022 Newsletter
https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/pennsylvania/provider/pdf/abhpa_provider_newsletter_winter_spring_2022.pdf

Quick Reference Guide
https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/pennsylvania/provider/pdf/abhpa_quick_reference_guide.pdf

Provider Experience Education Resources
https://www.aetnabetterhealth.com/pennsylvania/providers/education

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