

**Thank you for joining the  
Aetna Better Health Webinar.**

**We will begin shortly.**



**Aetna Better Health® Kids  
A CHIP Health Plan**

# Aetna policy statement

---

All Aetna presentation materials are confidential and proprietary and may not be copied, distributed, captured, printed or transmitted (in any form) without the written consent/authorization of Aetna, Inc.

# Housekeeping

- All lines will be muted to reduce background noise
- Use the Q & A Box to submit any questions to ALL PANELISTS.  
PLEASE NOTE: If you only submit to the presenter, your question will not be able to be addressed during the webinar.
- The presentation will be available on our website under Past Provider Education Webinars within a week and here is the link:  
<https://www.aetnabetterhealth.com/pennsylvania/providers/education>

# Appeals/ Grievances

## Bright Futures

---

### Presenters

Bridget Paris, Sr. Manager, Appeal and Grievance

Erin Goodard, Sr. Analyst, Prevention & Wellness



Pennsylvania's Children's  
Health Insurance Program  
We Cover All Kids.



Aetna Better Health® Kids  
A CHIP Health Plan



# Agenda

---

- Aetna Better Health Kids Appeals and Grievances Process
  - Appeal vs. Dispute
  - Appeal Submission & Time-Frames
  - Contact Information
- Bright Futures Overview
  - Processes
  - Screening and Assessments
  - Guidelines
  - Follow-up

A woman with blonde hair, wearing a dark long-sleeved shirt, is leaning over a kitchen sink. She is washing the hands of a young child with blonde hair, who is wearing a striped shirt. The scene is set in a kitchen with a modern faucet and a window with blinds in the background. The entire image has a purple tint.

**Aetna Better Health Kids**

**Pennsylvania  
Appeals and Grievances**

# What is an Appeal?

- An appeal is a formal post service expression of dissatisfaction in which a provider requests that ABH change an adverse determination for care or services rendered to a member.
- When submitting an appeal, be sure to:
  1. Use the [Appeal Form](#) submit your appeal in writing to the appeals department
  2. State the factual basis for the relief requested.
  3. Include supporting documentation with the appeal, such as claim number, medical records, office notes, operative notes, remittance advice and any other substantial documentation. If the relevant information can't be extracted from the records, include the page numbers for us to review.
- **IMPORTANT: There is only one level of appeal.** Failure to specifically state the factual basis of the appeal and/or failure to submit supporting documentation may result in denial of the provider appeal. The Provider Clinical Appeals committee reviews all appeals and makes the final determination.





# What is a Dispute?

- A dispute is a verbal or written expression of dissatisfaction concerning a decision that directly impacts the provider. Disputes are typically administrative and do not include decisions concerning medical necessity. Formal provider disputes must be received in writing.
- Disputes can be resolved through multiple avenues such as:
  - ABH Secure Web Portal
  - Availity Portal
  - Claim Inquiry and Claims Research (CICR)
  - Network Relations Consultant (assigned provider rep)



# Appeal Submission Trends and Reminders

- Medical Records submitted to the appeals department without a letter or appeal form
- Appeal letter/form doesn't include reference to where relevant information can be found in the medical records.
- Status/Follow up requests for decision letters - The mailing address to return the appeal determination must be supplied with each appeal if it is different than the address on file.
- Requests for 2<sup>nd</sup> Level Provider Appeals – 1<sup>st</sup> Level Appeal decision is final.
- Provider request for review of Prior Authorization Denials – These are handled as Member Grievances and written consent of the member is required for all requests
  - Requests without written member consent are pended and a *Consent for Provider to File a Grievance for Member Form* is sent to the member
  - The Appeal Review **cannot be started** until written member consent is received
    - If consent is received, the case will be started for review which could take up to 30 days
    - If consent is not received, the case is closed as ineligible for review

# Appeal Timeframes

## Provider Appeal Filing

Appeals must be received within (60) days of claim notification.

## Provider Appeal Acknowledgement

ABH will send acknowledgement within (5) business days of receipt.

## Provider Appeal Decision

A decision will be rendered within (60) calendar days after receipt.

## Provider Appeal Decision Letters

ABH sends letters within (5) business days after a committee decision is made.

\*Timeframes may vary depending on terms of the provider contract.

# Appeal Reminders

## Submission

Submit post appeal claim review appeals to Cotiviti and/or Equian address when applicable. If the appeal is upheld, the provider can then file a formal appeal to the plan.

Ensure that provider addresses are legible and accurate on the appeal letter so that responses can be sent to the correct address.

Ensure that the contract in place for the date of service in question aligns with the appeal request.

Utilize the P2P process for pre-service denials. If the P2P timeframe is missed, a new prior authorization request form with the additional information required can be sent.

# Contact Information

## 2023 Quick Reference Guide

Aetna Better Health® Kids	
Administrative Office	<b>1-800-822-2447</b> 1425 Union Meeting Road Blue Bell, PA 19422
Pharmacy: CVS Caremark	<b>1-866-638-1232</b>
Eligibility Verification (by phone)	<b>1-800-822-2447</b>
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: <b>1-866-638-1232</b> F: <b>1-877 363-8120</b> <a href="https://www.aetnabetterhealth.com/Pennsylvania/providers/materials-forms">AetnaBetterHealth.com/Pennsylvania/providers/materials-forms</a>
Provider Manual	<a href="https://www.aetnabetterhealth.com/Pennsylvania/providers/manual">AetnaBetterHealth.com/Pennsylvania/providers/manual</a>
Website	<a href="https://www.aetnabetterhealth.com/Pennsylvania">AetnaBetterHealth.com/Pennsylvania</a>
Provider Web Portal	<a href="https://www.aetnabetterhealth.com/Pennsylvania/providers/portal">AetnaBetterHealth.com/Pennsylvania/providers/portal</a>
Peer to Peer Request	<b>1-959-299-6960</b>
Member Services	<b>1-800-822-2447</b>
Claims Customer Service Contact	CICR: <b>1-866-638-1232</b>
Language Line Services	<b>1-800-385-4104</b>
Complaints, Grievances & Appeals	PO Box 81040 5801 Postal Road Cleveland, OH 44181  F: <b>1-860-754-1757</b> <a href="mailto:PA MedicaidAppeals&amp;Grievance@Aetna.com">PAMedicaidAppeals&amp;Grievance@Aetna.com</a>
eviCore®	<a href="https://www.evicore.com">Evicore.com</a>
• Radiology • Pain Management • Client Services	<b>1-888-693-3211</b> <b>1-888-393-0989</b> <b>1-800-575-4517</b>
Real Time support via Emdeon	• Claim Inquiry & Response ( <b>276/277</b> ) • Eligibility Inquiry & Response ( <b>270/271</b> ) • Health Service Review Inquiry & Response ( <b>278</b> ) Emdeon Payor ID: 23228
EFT / ERA	Visit <a href="https://www.aetnabetterhealth.com/Pennsylvania/providers/materials-forms">AetnaBetterHealth.com/Pennsylvania/providers/materials-forms</a> , then click on the Electronic Fund Transfer (EFT)/Electronic Funds Remittance Advice (ERA) tab
Vision: Superior Vision	<b>1-866-819-4298</b>
Provider Relations, Contracting & Updates	P: <b>1-866-638-1232</b> F: <b>1-860-754-5435</b>  <a href="mailto:PaABHProviderRelationsMailbox@Aetna.com">PaABHProviderRelationsMailbox@Aetna.com</a>
Special Needs Unit	<b>1-855-346-9828</b>
Dental: SKYGEN Provider Services	<b>1-800-508-4892</b> <a href="https://www.skygenusa.com">skygenusa.com</a>

# Contact Information

Pennsylvania Department of Human Services Resources			
Dept of Human Services Helpline	<b>1-800-692-7462</b>	Provider Inquiry Hotline	<b>1-800-537-8862</b> Prompt 4
Behavioral Health	<b>1-800-433-4459</b>	Pharmacy Hotline	<b>1-800-558-4477</b> Prompt 1
OMAP – HealthChoices Program: Complaint, Grievance & Fair Hearings	<b>1-800-798-2339</b> PO Box 2675 Harrisburg, PA 17105-2675	MA Provider Enrollment Applications/Changes	<b>1-800-537-8862</b> Prompt 1
Eligibility Verification System (EVS)	<b>1-800-766-5387</b> <a href="https://DHS.pa.gov/providers/Providers/Pages/EVI.aspx">DHS.pa.gov/providers/Providers/Pages/EVI.aspx</a>	Outpatient Providers Practitioner Unit	<b>1-800-537-8862</b> Prompt 1
		MA Provider Compliance Hotline	<b>1-800-333-0119</b>

# Appeals Contact Information

**Aetna Better Health Kids (PA)**

**ATTN: Appeals Department**

**PO Box 81040**

**5801 Postal Road**

**Cleveland, OH 44181**

**Fax**

**860-754-1757**

**Email**

**[PAMedicaidAppeals&Grievance@AETNA.com](mailto:PAMedicaidAppeals&Grievance@AETNA.com)**



A woman with blonde hair, wearing a dark long-sleeved shirt, is leaning over a kitchen sink. She is washing the hands of a young child with blonde hair, who is wearing a striped shirt. The scene is set in a kitchen with a modern faucet and a window with blinds in the background. The entire image has a purple tint.

**Aetna Better Health Kids**  
**Bright Futures**

# Bright Futures

- Periodic visits based on recommended guidelines from American Academy of Pediatrics' Bright Futures Periodicity Schedule
  - Birth, 3 - 5 days, 1 month, 2 - 3 months, 4 - 5 months, 6 - 8 months, 9 - 11 months, 12 months, 15 months, 18 months, 24 months, 30 months, every year from ages 3 to 18
- Screenings and assessments based on AAP Bright Futures periodicity schedule.
- Some components of Bright Futures are measured using HEDIS performance metrics. An internal compliance report generated twice a month also is utilized to track Bright Futures adherence rates.
- Health care must be made available to treat, correct or ameliorate defects and physical and mental illnesses or conditions discovered by the screening services.
  - However, conditions need not be newly discovered during a screen.
  - All conditions must be treated.

# Bright Futures

## Screenings and Assessments

- Anemia Screenings
- Developmental Delay and Autism Screenings
- Blood Lead Level Screening
- Vision and Hearing Screenings
- Dyslipidemia
- Dental
- Physical Exam/Well Visits
- Developmental Surveillance
- Psychosocial/Behavioral Assessment
- Alcohol and Drug Use Assessment
- Height/Weight
- BMI Value/Percentage
- Maternal Depression



# Bright Futures

In 2006, the AAP introduced guidelines to improve the early identification of developmental delays.

## Guidelines

### (1) Developmental surveillance at every visit

- Surveillance is used as the process of recognizing children who may be at risk for developmental delays
- Collects parental and clinician observations
- Tracks developmental trajectory of the child over time.

### (2) Periodic, routine formal screenings

- All domains of development.
- Includes identifying and refining recognized risk
- Administering standardized tools at 9, 18, and 30 months, when surveillance yields concerns.

### (3) Further testing or referral for evaluation for concerning screens or surveillance

# Bright Futures

Enrollees with Bright Futures needs should be treated and receive follow-up care in a timely and appropriate manner. Follow-up care for health care services are an important part for providers continuation of care responsibility, especially after a screening has taken place.

Some ways your office can increase the adherence of follow-up care include:

- Educating parents or guardians on the importance of follow-up care.
- Address any barriers the family may be experiencing that could affect follow-up care.
- Refer patients with complex medical needs or serious disabilities to Aetna Better Health Kids Care Management Department/Special Needs Unit.
- Send out follow-up reminders to enrollees such as: telephone calls, text messages, or emails.
- Provide continuous outreach to non-adherent enrollees; this can even include things like home visits if offered and as appropriate. Telehealth for well visits and some screenings is another opportunity for an enrollee to become adherent if there are transportation barriers.

# *Questions?*



Aetna Better Health® Kids  
A CHIP Health Plan

***Thank you!***



Aetna Better Health® Kids  
A CHIP Health Plan