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Changes and Improvements to Provider Processes

Our partnership with you is important. That is why we are happy to tell you about some important changes in provider processes. These are part of the ongoing efforts Aetna is implementing to improve your provider experience.

See what's changing

Be sure to read through this newsletter for changes to the following processes:

- **Emergency Room (ER) Triage Policy** (see Page 3)
- **Transition to InterQual** (See Page 3)
- **Multiple Procedure Reduction** (See Page 2)



Provider Webinar Series

Based on a recent legal decision, changes to Medicaid under Kentucky HEALTH did not begin on July 1, 2018 as planned. Due to this decision, we have rescheduled our Provider Webinar Series to include the two topics listed below.

PROVIDER PORTAL OVERVIEW – is fast, accurate, reliable and available 24 hours a day, seven days a week. It is a one-stop, self-service tool that allows for claim status check, including history receipt, processing and adjudication. Portal access will be essential as we move forward into KYHEALTH.

MEDICALLY FRAIL OVERVIEW – will cover what is ‘Medically Frail?’. What benefits will change for a member? How can we determine who qualifies as ‘Medically Frail’?

These educational webinars are available via WebEx, a secure software-based platform for video and audio conferencing. Please visit our website at <https://www.aetnabetterhealth.com/kentucky/providers/>

, click on “**Provider News.**” Under the “**Kentucky HEALTH Training Registration**” drop down, you will find a link to register for the WebEx Trainings.

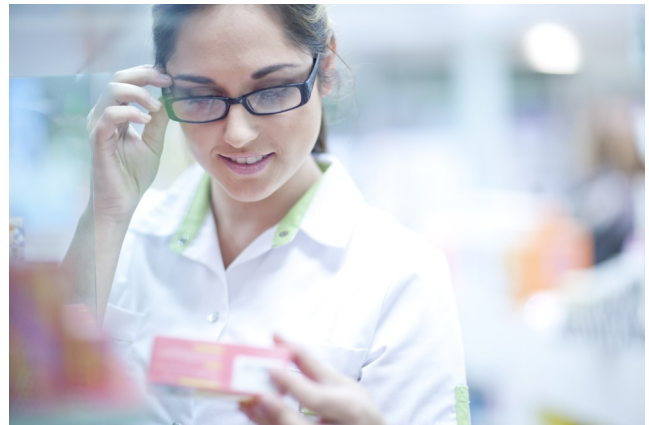
Pharmacy is offering Electronic Prior Authorization (ePA)

At Aetna Better Health® of Kentucky, we are committed to making sure our providers receive the best possible information, and the latest technology and tools available.

Effective April 02, 2018, Aetna Better Health® of Kentucky partnered with CoverMyMeds® and SureScripts to provide a new way for you to request a pharmacy prior authorization through the implementation of Electronic Prior Authorization (ePA) program.

With Electronic Prior Authorization (ePA), you can look forward to:

- Time saving
 - Decreasing paperwork, phone calls and faxes for requests for prior authorization
- Quicker Determinations
 - Reduces average wait times, resolution often within minutes
- Accommodating & Secure
 - HIPAA compliant via electronically submitted requests



No cost required! Let us help get you started!

Getting started is easy. Choose ways to enroll:

Visit the CoverMyMeds® website <https://www.covermymeds.com/main/>

Call CoverMyMeds® toll-free at **866-452-5017**

Visit the SureScripts website <http://surescripts.com/enhance-prescribing/prior-authorization/>

Call SureScripts toll-free at **866-797-3239**

Questions?

If you have any questions, please call Aetna Better Health® of Kentucky at **855-300-5528**, Monday–Friday, 7 a.m. – 7 p.m. ET or visit online at <https://www.aetnabetterhealth.com/kentucky>.



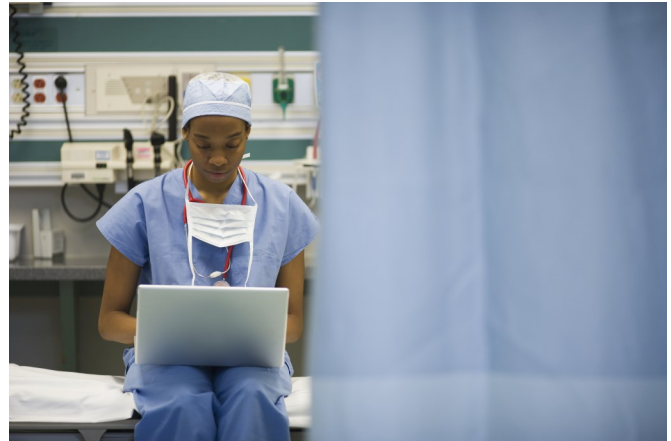
Multiple Procedure Reduction

Aetna Better Health of Kentucky has made the decision to remove the Multiple Procedure Reduction (MPR) for hospitals which currently have outpatient settlement provisions in their agreements with ABH. This will take effect May 1, 2018 for all applicable providers. Any provider interested in restructuring their contract to add outpatient settlement provisions, should feel free to contact us.

Emergency Room (ER) Triage Policy

Aetna Better Health of Kentucky is ending its current ER Medical Screening Exam process effective **May 1, 2018** and replacing it with a post payment clinical review, as outlined here.

- All emergency room facility claims will pay per a provider's contractual rates
- Any non-emergent diagnoses paid in conjunction with Revenue Code 450 will be reviewed in a post payment claims process.
- The first listed ICD-10 diagnosis will be compared to a list of non-emergent diagnoses.
- Claims with non emergent diagnoses will be aggregated monthly and a request for medical records will be sent to facilities that do not have an outpatient settlement or a contracted case rate.
- A nurse and physician will review medical records for medical necessity based upon 907 KAR 3:130, section 2 and section 1(4).
- When medical records do not support an emergency medical service, Aetna will issue a claim recoupment letter with payment re-adjudicated at \$50.
- Medical records not received within 30 days will be subject to a claim recoupment letter with payment re-adjudicated at \$50.
- Appeals may be submitted with medical records to:
 - Aetna Better Health of Kentucky
 - ATTN: Complaint and Appeals Department
 - 9900 Corporate Campus Drive, Suite 1000
 - Louisville, KY 40223



Transition to InterQual

Aetna Better Health of Kentucky is pleased to announce that it will be transitioning from MCG™ (formerly Milliman) to InterQual evidence based clinical criteria on March 1, 2018. We believe that by joining many of our provider and payer partners in the state who also use InterQual we can make it easier for you to deliver the highest quality, most appropriate care while eliminating waste. InterQual's comprehensive criteria connects and aligns organizations with actionable, evidence based clinical intelligence that helps optimize care management decisions, support appropriateness of care, manage medical costs and foster appropriate utilization of resources.

Although care guidelines are essential for ensuring medical necessity determinations and appropriate resource utilization, there is no substitution for a physician's professional opinion and our partnership with you is built on this strong foundation. This change will apply to physical and behavioral health services. There will be no change in criteria used for substance use disorder and we will continue to use the American Society of Addiction Medicine (ASAM) criteria.



Electronic Cigarettes Update

The American Cancer Society has recently updated its position on electronic cigarettes. Please use the link below to read the position statement:

<https://www.cancer.org/ecigaretteposition>

The statement provides a brief scientific summary along with clinical and policy recommendations. It is based on scientific evidence published in September 2017 in ACS' peer-reviewed article, *Key Issues Surrounding the Health Impacts of Electronic Nicotine Delivery Systems (ENDS) and Other Sources of Nicotine*. The article can be found online at <http://onlinelibrary.wiley.com/doi/10.3322/caac.21413/full>.

The Smoking Cessation Leadership Center developed and sponsors the 100Pioneers listserv. Messages posted on the listserv represent only the views of the individuals posting the messages. The SCLC does not endorse the accuracy of any posted statements. Moreover, information obtained through this list does not necessarily represent the views, positions or policy of the SCLC.

Coming Soon. . .Member Survey on Behavioral Health Care Experience

Aetna Better Health® of Kentucky will be conducting a survey soon to assess members' experiences with behavioral health (BH) providers and services.



In August, a survey will be mailed to a random sample of members who received behavioral health services in the past year.

The surveys are designed to provide feedback to Aetna Medicaid regarding the health plans' performance and our providers' performance in the delivery of BH services to health plan members. We will share the final survey results with you.

Please encourage your patients to participate in the survey so we can improve our services to our members.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

What is SBIRT?

SBIRT is an evidence-based approach to the delivery of screening, early intervention and treatment to people with substance use disorders and those at risk of developing these disorders. SBIRT is based on motivational interviewing strategies.

SCREENING: Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use, misuse, and abuse. Several screening tools are available for administering the short assessment. Tools are available on the SAMHSA website: <https://www.integration.samhsa.gov/clinical-practice/sbirt/>, and include the CAGE Questionnaire, CRAFFT Screening Interview and NIAAA 3 Question Screen.



BRIEF INTERVENTION: Brief motivational and awareness-raising interventions are most effective for high-risk substance users. Asking permission, assessing readiness to change, and making a plan for change works. Brief Intervention increases the person's insight and awareness regarding substance use.

REFERRAL to TREATMENT: Referring those who are high-risk or dependent on substances may require a referral to more intensive/specialized substance use disorder treatment.

If you need help in locating a substance use disorder treatment provider for your patients, contact us at (insert email address and phone number).

Why Use SBIRT?

Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system.

- Risky alcohol and drug use are major preventable public health problems causing over 100,000 deaths annually. The social cost of unsafe and risky alcohol and drug use exceeds \$600 billion a year (CATHY – can you provide a reference here?)
- SBIRT identifies the patients who are at-risk for alcohol and drug abuse
- SBIRT has been shown to be successful in addressing the drug and alcohol problem
- SBIRT is a covered service

HEDIS® season over!



We appreciate your hard work in assisting us with our HEDIS® records review for the 2018 season (calendar year records 2017). Your assistance is greatly appreciated and we look forward to working with you next year for HEDIS® 2019.

Do Your Patients Need Integrated Care Management Services?



The Aetna Medicaid Integrated Care Management (ICM) Program is a collaborative process of bio psychosocial assessment, planning, facilitation, care coordination, evaluation, and advocacy for service and support options to meet a member's needs. Aetna Better Health of KY offers Disease Management (DM) programs to patients with asthma, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), depression, and chronic renal disease (CRD).

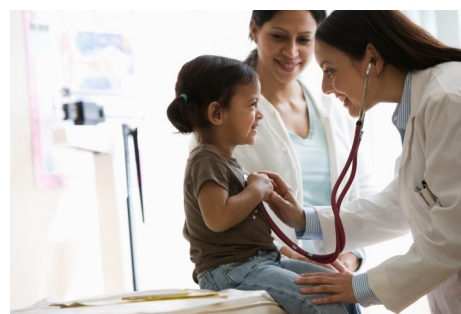
Aetna Better Health of Kentucky believes it is important to have a program to promote the engagement of pregnant women who have significant opiate use or opiate addiction in prenatal care management. Care management will continue with the same Case Manager (CM) for the mother and baby for the first year of the baby's life. The goal of the program is to identify pregnant woman with Substance Use Disorder (SUD) and refer them for treatment to reduce the incidence of neonatal abstinence syndrome.

Aetna Better Health of Kentucky has a Foster Care Case Management Team that works collaboratively with the Department for Community Based Services (DCBS), state agencies and service providers to improve the quality of care for plan members and their families. The care management team provides behavioral and medical support for children who are medically fragile, hospital inpatient, and those at medical risk. A case manager will work with DCBS focusing on member's inpatient at a behavioral health facility and members who are being decertified. These coordination services are individualized, member-centered and comprehensive.

If you have patients that need integrated care management or if you have any questions about these services, call Customer Service at **1-855-300-5528**, Monday through Friday, 7 a.m. to 7 p.m., ET. Just ask to speak to a case manager. Involvement in the ICM program is voluntary. Members have the right to opt out of the ICM program at any time.

EPSDT Program

As you are aware, EPSDT (Early, Periodic, Screening, Diagnosis and Treatment Services) is an important federally mandated program to make sure our children receive the care they need, especially before any concerns become long term health issues. These screenings provide routine physicals or well child check-ups at specified age ranges.



Children should receive health check-ups regularly on or before the following ages: 1 month; 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 24 months; 30 months; 3 years; 4 years; 5 years; 6 years; 8 years; and once a year for ages 6-20. For more information, please refer to the American Academy of Pediatrics Periodicity Schedule at <https://www.aap.org/en-us/professional-resources/practice-Transformation/managing-patients/Pages/Periodicity-Schedule.aspx>. Please remember these well child visits can be completed during a sick visit.

If you feel the member would benefit from case management, we can arrange that as well. If you need additional assistance, please contact either member services at 1-855-300-5528 or your provider relations representative <https://www.aetnabetterhealth.com/kentucky/assets/pdf/providers/myprrep-ky.pdf>

HOW DO I CONTACT MY PROVIDER RELATIONS REPRESENTATIVE?

Region	Provider Representative	Telephone	Email	State
1	Gina Gullo	(502) 612-9958	Rlgullo@aetna.com	N/A
2	Gina Gullo	(502) 612-9958	Rlgullo@aetna.com	Indiana
3	Becky Bowman	(502) 434-8917	BowmanB@aetna.com	N/A
4	Tacie Campbell (INTERIM)	(502) 702-6540	Campbellt6@aetna.com	Tennessee
5	Sammie Asher	(606) 401-1573	AsherS@aetna.com	N/A
6	Holly Smith	(815) 641-7411	SmithH3@aetna.com	Ohio
7	Jacquylne Pack	(606) 331-1075	Jmpack@aetna.com	West Virginia
8	Krystal Risner	(606) 687-0310	Risnerk@aetna.com	Virginia
Outside of KY	Salicia Green	(502) 434-8186	GreenS2@aetna.com	All Other States
CMHC	Lori Kelley	(859) 302-6334	KelleyL2@aetna.com	N/A

Regions Map



List of Counties by Regions

Region 1	Ballard, Caldwell, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston, Lyon, Marshall, McCracken
Region 2	Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster
Region 3	Breckinridge, Bullitt, Carrol, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington
Region 4	Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne
Region 5	Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jackson, Jessamine, Lincoln, Madison, Mercer, Montgomery, Nicholas, Owen, Powell, Rockcastle, Scott, Woodford
Region 6	Boone, Campbell, Gallatin, Grant, Kenton, Pendleton
Region 7	Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan
Region 8	Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott, Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike Whitley, Wolfe



IMPORTANT TELEPHONE NUMBERS	
Member Services Department	1-855-300-5528
Prior Authorization Department	1-888-725-4969
Provider Relations Department	1-855-454-0061
State Eligibility Verification	1-855-824-5615
Behavior Health 24/7 Service Line	1-888-604-6106
24-Hour Informed Health Line	1-855-620-3924

NOTICE: Aetna Better Health of Kentucky employees make clinical decisions regarding healthcare based on the most appropriate care, service available and existence of benefit coverage. Aetna does not reward providers or other employees for any denials of service.

Aetna does not use incentives to encourage barriers to care and service. Aetna prohibits any employee or representative of Aetna from making decisions regarding hiring, promoting, or termination of providers or other individuals based upon the likelihood or perceived likelihood that the individual or group will support or tend to support the denial of benefits.

Notice: Aetna Better Health of Kentucky does not reward practitioners or other employees for any denials of service. Aetna Better Health of Kentucky does not encourage or reward clinical decisions that result in decreased services.

Aetna Better Health® of Kentucky

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