



**Aetna Better Health[®]
of Kentucky**

PROVIDER NEWSLETTER

3rd Quarter 2024



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It's ALL ABOUT YOU!!!!

ABHKY has updated and streamlined our communication platform. We want to provide you, in conjunction with your individual needs, the information you need, when you need it.

Please take a moment and click the following link to ensure the contact information for you and all in your organization is accurate in our system.

**CLICK
HERE**

QUESTIONS??? We've Got Your Back

Our Network Relations resources are always available.

We want to make doing business with Aetna as easy as possible, and that includes getting in touch with us when you need support.

- Leverage the Aetna Better Health of Kentucky provider we site at [AetnaBetterHealth.com/KY-Provider](https://www.aetna.com/betterhealthofkentucky/provider) for manuals and quick links.
- Visit AVAILITY at <https://apps.availity.com/availity/web/public.elegant.login> for real time enrollment, any claim-related reviews, eligibility, prior-authorizations, grievance and appeals and questions or inquiries.
- Visit the ECHO website at <https://enrollments.echohealthinc.com> for help with electronic funds transfer (EFT) and electronic remittance (ERA) set up.
- Credentialing applications, forms, demographic updates, terminations and status updates should be sent directly to KyProviderUpdates@aetna.com.

Still need support?

Take advantage of our CONTACT US WEB FORM. This form allows you to share the right information from the start, so you don't have to spend valuable time tracking down the help you need. As an added benefit for us both, we have ensured that any request or inquiry made through this form is routed to the appropriate department.



How it works

Start by selecting Contact Us in the upper right corner. Next fill out the reason for your inquiry. It will then ask you to share the appropriate contact from your practice and add essential information such as your Tax ID and NPI. You can also include up to 5 files with your inquiry if needed.

Form Link

When should I use the form?

Demographic changes, updates or terms, new provider adds to existing group contracts, large add/change/term files, W-9 submissions and terming providers due to office closures, retirement and leaving medical group.

What happens after I submit a request?

Once the form is submitted an email confirmation will be generated with all the details about your request. Within 48 hours a case number will be assigned. Inquiries will be answered as quickly as possible by our support teams.

Prefer to speak to someone?

Our knowledgeable Provider Services and Claims Inquiry Claims Research Staff are ready to help.
Call 1-855-300-5528 and follow the prompts.

- Press * for Healthcare Provider



- Next choose: Claims, appeals status, eligibility & benefits, authorization or more options.
- If you select MORE OPTIONS, then you can report fraud or abuse, talk to the Pharmacy help desk or talk to Provider services.

The friendly Provider Services staff can assist with claim status, inquiries or research, pharmacy, prior authorization, EFT/ERA registration/questions, check trackers and participation status of a new load request.

Our approach to working with providers is based on our Aetna Better Together philosophy. Provider engagement and collaboration is a cornerstone of our processes and critical to achieving improved provider experience. Our highly trained and experienced Network Relations leadership and staff have a combined 172 years of experience working for Kentucky providers. Our Network Managers are based in the communities they serve, fostering a higher level of responsiveness and personalized relationships. These locally based Network Managers engage with providers through a variety of mechanisms designed to provide proactive, prompt and collaborative communications.

Providers can access their Network Managers' contact information by scanning this QR code or on the Aetna Better Health website using this link:

[AetnaBetterHealth.com/Kentucky/ProviderEngagement.pdf](https://www.aetnabetterhealth.com/Kentucky/ProviderEngagement.pdf)



Don't Forget....

You can stay up to date on the latest provider news and helpful info.

<https://www.aetnabetterhealth.com/kentucky/providers/newsletters.html>

Aetna Better Health® confirms our permanent partnership with ECHO Health, Inc. for EFT/ERA services.

In January 2023, Aetna Better Health® launched an electronic funds transfer (EFT)/electronic remittance advice (ERA) registration services program (EERS), in conjunction with Change Healthcare/Optum (CHC). However, due to a CHC service disruption in February 2024, we made the business decision to transfer EFT/ERA enrollment services to ECHO Health Inc. (ECHO). ECHO is a national payment solutions supplier, and we feel confident in this vendor partnership.

Reminders on how to enroll with ECHO.

For your **initial** payment from ECHO, all providers receive a paper check that includes a draft number.

To enroll in EFT/ERA services, ECHO requires you to include an ECHO payment draft number and payment amount. This is for security reasons as part of the enrollment authentication process. The ECHO draft number can be found on your explanation of provider payments (EPP). This is typically located above the first claim on your EPP. **For no-fee processing**, be sure to enroll using the [Aetna Better Health/ECHO Provider EFT/ERA Enrollment portal](#). You can

also update your payment/ERA distribution preferences for Aetna Medicaid claims payment there. Again, no fees apply when using the portal and it is free to enroll.

Important: If you are choosing to enroll in ECHO's automated clearing house (ACH) all payer program, you will be charged fees.

Viewing Your Electronic Remittance Advice(ERA): ERA files are available for immediate viewing when a payment is issued as a paper check or EFT/ACH. Payments issued as virtual cards or MPX (Medpay) electronic checks require the payment be processed or deposited **before** the ERA file is available for viewing.

Payment Types With ECHO. Your Preference is Important.

Virtual Credit Card (VCC). ECHO's standard practice is when they receive an initial payment directive for a provider who has not previously enrolled for EFT delivery, ECHO will send the provider a virtual credit card (VCC) payment. This functionality is activated at the direction of each Aetna Better Health plan and may not be applicable in every market. If you would like to **opt out** of the virtual credit card (VCC) option, you can manage your payment preference on the portal.

MPX Payments. If you enrolled in ECHO's Medical Payment Exchange (MPX) program through another payer (not Aetna Better Health) and you did not enroll in EFT, you will receive your payments in the MPX portal. MPX may appear as an email that you need to print off your computer and confirm the watermark.

Paper Check. If you opted out of the MPX program and have not enrolled in EFT **and** you opted out of VCC you will receive a paper check via regular mail to your address on file. We encourage you to confirm your address on file with ECHO.

If you have any questions about creating your account, updating your information or viewing your payments on the [Aetna Better Health/ECHO portal](#), review the [ECHO Provider Payments Portal User Guide](#). You can also contact ECHO Provider Services directly at **1-800-830-5831** Monday through Friday 9 AM to 7 PM (ET).

HOME INFUSION BILLING GUIDANCE

Healthcare providers who deliver home infusion care for ABHKY members are required to register with Kentucky Medicaid as both pharmacy provider type 54 and a durable medical equipment (DME) provider type 90. Specialty pharmacies that bill for nursing administration or supplies must also register as a DME provider (PT 90) with Kentucky Medicaid.

ABHKY strongly encourages providers to review the **Home Infusion Billing Requirements** and ensure proper registration with Kentucky Medicaid as needed for timely claims processing.

For more information regarding DMS provider types, please visit:

<https://www.chfs.ky.gov/agencies/dms/provider/Pasges/default.aspx>

When submitting claims:

- Providers must submit claims for drugs through the member's pharmacy benefit, MedImpact, using the provider's Pharmacy National Provider Identifier

- (NPI) and Pharmacy taxonomy at the time of service.
- Nursing, administration, and supplies must be billed directly to ABHKY under the member's medical benefit using the provider's DME National Provider Identifier (NPI) and DME taxonomy at the time of service.
- Claims must be submitted using the CMS-1500 claim form.

The submitted claim will be cross-referenced with the Kentucky Medicaid provider enrollment file to ensure proper and consistent provider identifying information is present on the claim prior to payment consideration.

The following will result in a claim denial:

- Claims received with a billing NPI or taxonomy that is not registered with Kentucky Medicaid as a DMS Provider Type (PT 90).
- Nursing, administration, or supply claims submitted using the provider's pharmacy taxonomy.
- Drugs billed to ABHKY instead of MedImpact.
- Receipt of a CMS-1500 form using the pharmacy taxonomy.



Use “988” for Mental Health Support

In support of providers delivering care that improves healthcare equity and fosters immediate

access to critical behavioral health services, information on the nationwide 988 Suicide and Crisis Lifeline is being shared as a resource for immediate use.

On July 16th, 2022, dialing “988” replaced the National Suicide Prevention Lifeline (800-273-8255) to meet the demand nationwide for access to urgent and emergent mental health care. 988 elevates early intervention and suicide prevention to the same level which emergency medical services has in addressing life threatening illness or physical injury.

How 988 works

- Similar to the “National 911 Program” for emergency services.
- Calls are routed to a local crisis center based on the caller’s location.
- Special routing is available for both veterans and Spanish-speaking individuals.

What you need to know

- The 988 Suicide and Crisis Lifeline is available in three formats:
 - Dialing 988 on any phone; Text to 988 ; Chat 988lifeline.org
- If you have referred in the past to National Suicide Prevention Lifeline, or have it listed in resource directories, make sure to update it to “988” on July 16, 2022 or as soon as possible thereafter.
- The National Suicide Prevention Lifeline temporarily remains in effect after July 16 to ease the transition; all calls will be routed to 988.
- 988 aligns with CVS Health’s ***commitment to make mental well-being*** services more accessible and less complicated.

988 is a major step toward a transformed crisis care system in America. Detailed information about the 988 Suicide and Crisis Lifeline can be found on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:

[988 Suicide and Crisis Lifeline | SAMHSA](https://www.samhsa.gov/988)

Appeal and Grievance

REMINDERS

APPEAL AND GRIEVANCE

Resubmissions: If you are mailing hard copy claims or claim resubmissions, please direct those to:

Aetna Better Health of Kentucky Claims and Resubmissions
PO Box 982969
El Paso, TX 79998-2969

Claim Resubmissions should be clearly marked on the envelope and the first page of the request.

Appeals and Grievances

Whenever possible please submit your appeal, complaint or grievance electronically. It is

preferred that you submit through the Availity provider portal using the direct application for Appeals, Complaints and Grievances:

[Log In to Availity](#)

or you may submit by fax to: **855-454-5585**

Please include all documentation you would like reviewed for the appeal, including member name, ID#, claim number, date of service, amount billed, etc. when submitting via the portal

Member appeals- pre service- can also be faxed to 855-454-5585 or email to:

KYAppealandGrievance@aetna.com

Aetna Better Health of Kentucky
PO Box 81139
5801 Postal Road
Cleveland, OH 44181

Provider appeals- post service- can also be faxed to 855-454-5585 or email to:

KYAppealandGrievance@aetna.com

Aetna Better Health of Kentucky
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

External Review appeal requests- can also be faxed to 844-359-6670 or email to AetnaExternalReview@aetna.com

Aetna Better Health of Kentucky
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

If you are submitting appeals for multiple claims in one mailing you must use physical barriers (elastic, paper clip, binder clip, sheet of blank colored paper etc.) for each claim in the submission to maintain the original received date.

Please remember to include all documentation you would like reviewed with your appeal request.

PRIOR AUTHORIZATION CONTACT INFORMATION

Medical:

Phone 1-888-725-4969

Fax 1-855-454-5579

Transplant Services:

Phone 1-959-299-7433

Fax 855-301-1567

Prior Authorization –

SKY Members Only

SKY Medical: 1-833-689-1422

SKY Concurrent Review: 1-833-689-1423

SKY Behavioral Health: 1-833-689-1424

Behavioral Health:

Phone 1-855-300-5528

Fax 1-855-301-1564

Pharmacy: MedImpact

Phone 1-844-336-2676

Fax 1-858-357-2412

Psychological Testing: 1-844-885-0699

<https://kyportal.medimpact.com/provider-forms/provider-forms>

Concurrent Review Inpatient Medical Requests

Fax: 1-855-454-5043

Phone: 1-888-470-0550

Submission also available through Availity



If you have a **retrospective review request** where the services have already been rendered, Please send these your request to:

Kentucky Medical Retrospective review @ 855-336-6054

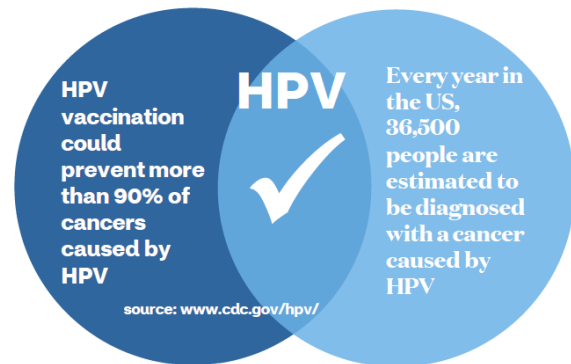
HEDIS

Priority HEDIS Measure: IMA

Immunizations for Adolescents

By **13th birthday**, complete the following:

- One dose of meningococcal vaccine
- One Tdap
- Completed the HPV series



Improve Your HPV Vaccination Rates - Implement strategies to increase your vaccine rates

Consistent Message

Train all office staff to communicate with parents and patients about HPV

Use Every Opportunity to Vaccinate

Check immunization status at every visit and always recommend and give vaccines needed

Answer Questions

Effectively - Be prepared to answer questions and concerns around the vaccine. Be accurate and empathetic

source: www.cdc.gov/hpv/

Tell Your Aetna Medicaid Patients About Their Incentives:

\$25 for completion of HPV vaccine series before 13th birthday

Category	Code	Vaccine
CPT	90715	Tdap
CPT	90733-90734	Meningococcal
CPT	90649-90651	HPV

Priority HEDIS Measure: CIS

Childhood Immunization Status

Children turning **2 years of age**, must have the following vaccinations, with different dates of service, on or by their second birthday.

- **MMR** (One measles, mumps, rubella)
- **HepB** (Three hepatitis B)
- **VZV** (One varicella zoster)
- **HepA** (One hepatitis A)
- **Influenza** (Two Flu)
- **DTaP** (Four diphtheria, tetanus, and acellular pertussis)
- **IPV** (Three polio)
- **HiB** (Three haemophilus influenza type B)
- **PCV** (Four pneumococcal conjugate)
- **RV** (One of the two-dose rotavirus and Two of the three-dose rotavirus)

Provider Best Practice to Improve Childhood Immunization Rates

Patient Reminders

- Social Media
- Reminder Postcards
- Patient portals
- Texts and calls
- Auto-dialers

Catch-Up Schedule

Use the catch-up schedule for missed immunizations

[Click for Catch-up Schedule](#)

Answer Questions Effectively

Be prepared to answer questions and concerns around the vaccine. Be accurate and empathetic

source: www.cdc.gov/hpv/

Why Flu Vaccine?

- Young children, especially under 2 years old, are higher risk of developing serious flu-related complications
- CDC estimated from 2010-2020, children younger than 5 ranged between 6,000-27,000 flu related hospitalizations in the US

Complications from flu among children

- Pneumonia
- Dehydration
- Worsening of long-term medical problems such as heart disease or asthma
- Brain dysfunction
- Sinus problems and ear infections

Closing HEDIS Gaps

Please click on the ABHKY HEDIS toolkit for more information on:

- Measure description
- Immunizations
- Strategies for Improvement
- Closing the care gaps

ABHKY HEDIS
Toolkit



What is EPSDT

The Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive health program for individuals younger than 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program.

The intent of the EPSDT program is to focus on early prevention and treatment. Requirements include periodic screening, vision, dental and hearing services.

Services include:

- Preventive screening
- Diagnosis and treatment
- Transportation and scheduling
- assistance
- Follow-up care with specialists
- Immunizations

Screening must include:

- Comprehensive health history
- Comprehensive un-clothed
- physical exam
- Mental developmental history
- Physical developmental history
- Health education, including
- anticipatory guidance
- Appropriate immunizations
- Lead toxicity screening
- Laboratory tests
- Dental services
- Hearing services
- Vision services

EPSDT Billing/Reporting

EPSDT screening services must be reported with the age-appropriate evaluation and preventative medicine CPT Codes (99381-99385 and 99391-99395) along with the EP modifier. An appropriate procedure code must be submitted on the CMS 1500 form.

Please contact your Network Relations Manager to determine if there are any exceptions for EPSDT special services. The primary diagnosis should be submitted as the first diagnosis in field 21 of the CMS claim form. Additionally, this same primary diagnosis must be reflected on the appropriate line-item diagnosis item (field 24 E). The appropriate services associated with the EPSDT screening must be rendered and the codes for these services included in the claim with an EP modifier

accompanying each code. EPSDT claims must be billed on a CMS 1500 form.

Please refer to the billing instructions at www.chfs.ky.gov. Aetna Better Health will provide coverage for an office visit performed at the same time as the EPSDT screening if the child was seen for a reason other than the EPSDT screening (i.e., sick child visit). Additionally, Aetna Better Health will provide coverage for an EPSDT screening performed during a prenatal visit for member 20 and under.

Modifier – EP (EPSDT Services)

Modifier EP is available for use with evaluation/ management codes when the member is under age 21 on the date of service. Using the EP modifier is required for EPSDT services provided to a member.

Modifier SL must be used when billing Vaccines for Children (CFC) immunizations. Refer to Section 2, I., for more information on billing VFC services.

Modifier 26 is no longer used.

Bringing Support

Meeting our Members' Language Needs

Aetna Better Health of Kentucky serves many counties within the state of Kentucky. Our membership is diverse and constantly growing. While most of our members have English as their primary language, we'd like to provide you an overview of other languages spoken by our members. As indicated by the chart below, Spanish is the prevalent non-English language spoken by members of Aetna Better Health of Kentucky.

Language	2022		2023	
	#	% of Total	#	% of Total
English	262,637	98.16%	271,040	97.59%
French	12	0.00%	29	0.01%
Spanish	4,647	1.74%	6,126	2.21%
None Listed	214	0.08	274	0.10%
Russian	18	0.01%	28	0.01%
Vietnamese	5	0.00%	7	0.00%
Unknown	29	0.01%	223	0.08%
Total	267,562	100%	277,727	100%

Table 1 Medicaid Enrollment Form – Primary Language Reported for Eligible Members as of

We realize that a critical element to providing quality service involves developing and maintaining culturally and linguistically appropriate services that address diverse cultural and ethnic backgrounds and disabilities regardless of gender, sexual orientation, or gender identity. This diverse membership requires translation of written materials, telephonic and face-to-face interpreter services.

Aetna Better Health provides telephonic and face-to-face interpretation services upon request. Aetna Better Health also uses the 711-relay service for members that use a TDD/TTY device for hearing and speech impaired members.

The Aetna Better Health 24-Hour Nurse Line employs bilingual staff, supplemented as needed, by a third-party interpretation service vendor. The nurse line also supports members needing TDD/TTY services via a local TTY access number.

Did you know? Practitioners can access member educational materials by visiting our website. Krames and Medline Plus have member materials available in English and Spanish for a variety of disease conditions. Follow the link to get access to these resources.

<https://www.aetnabetterhealth.com/kentucky/health-wellness.html>

If you need language services for your patients, contact our Member Services Department at: 1-855-300-5528 (TTY users dial **711**, TDD users dial **1-800-627-4702**).

Community Health Workers

Aetna Better Health of Kentucky employs Community Health Workers (CHWs). Our CHWs are members of the community who serve as a bridge between the member and the healthcare system through outreach and education. Their role is meant to facilitate access to services and improve the quality and cultural competence of service delivery. For questions about how to access Aetna CHW services email us at PHM_ABHKY@aetna.com.

Integrated Care Management

If you have patients that need care management or if you have any questions about these services, call Member Services at 1-855-300-5528, Monday through Friday 7 AM to 7 PM Eastern time and ask to speak to Care Management.

Pharmacy Benefits

Check out the provider handbook online at <https://www.aetnabetterhealth.com/kentucky/providers> for information about Aetna Better Health of Kentucky's pharmacy benefits and pharmaceutical management procedures.

Shared Decision Making (SDM)

SDM is not about information but conversations, not about empowerment or choice, but to respond well to patient problems. Shared decision-making aids are communication tools used as a way for providers and patients to make informed

health care decisions based on what is important to the patient. They do not replace physician guidance but are intended to help complement the discussions between patients and physicians on treatment decisions.

Purpose: To create care that best responds medically, practically, emotionally, and existentially to each patient's problems

- Personalize care with person centered care conversations
- Develop a partnership based on empathy, exchanging information about the available options,
- Deliberate while considering the potential consequences of each one,
- Make a decision by consensus

Below are evidence-based aids from Mayo Clinic Shared Decision Making National Resource Center that provide information about treatment options, lifestyle changes, and outcomes that can be used during a clinical encounter.

- ***Mayo Clinic | Care that fits***
 - ***Statin Choice | Mayo Clinic***
 - ***Depression Medication Choice | Mayo Clinic***
 - ***Cardiovascular Primary Prevention Choice | Mayo Clinic***
 - ***My Life My Healthcare Toolkit and Conversation Guide***





SKY

We Are Better Together

As we celebrate our Supporting Kentucky Youth (SKY) Program's 3rd Birthday, we are grateful for your partnership. Together, we have supported our members and families on their path toward better health. Our collective efforts to improve the system of care for the youth of Kentucky are making a difference and we look forward to continued collaboration and success in 2024!

- 58%** of Members Placed Out of State Were Returned to In-State Placements
- 56%** of Members Referred to Out of State Facilities Were Diverted to In-State Placements
- 78%** of Special Placement and Treatment Needs Members Were Placed In-State
- 961** Training and Education Sessions Offered
- 72** Governance and Advisory Councils Hosted
- 30,119** Individuals Trained or Engaged with SKY Training, Education, SOC, and Outreach Teams
- 410** Individualized Psychotropic Polypharmacy Member Case Rounds and Consults
- 12** Categories on the Child Medicaid CAHPS Survey Exceeded National Medicaid Average
- 6** Categories on the Adult Medicaid CAHPS Survey Exceeded National Medicaid Average
- 10** SKY HEDIS Rates for MY 2022 Exceeded National Average: Childhood Immunization Status (CIS), Chlamydia Screening in Women (CHL), Follow-Up Care for Children Prescribed ADHD Medication (ADD), Follow-Up After Emergency Department Visit for Mental Illness (FUM), Follow-Up After Hospitalization for Mental Illness (FUH), Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Annual Dental Visit (ADV), Well-Child Visits in the First 30

This is how we "ROLE" Trainings to support our Providers



The Aetna® provider network is designed to support the complex needs of SKY members beyond traditional facilities, clinics and providers.

It also includes community advocates, peer support, specialty pharmacies and family/caregivers. Our network of hospitals and specialists, including both physical and behavioral health providers, serves as the foundation to meet the needs of SKY members.

We offer **special trainings** to providers serving SKY members. We'll help you understand how to serve our members receiving adoption assistance or Involved with the Department of Juvenile Justice. These training are also available upon request to any network provider.

Please reach out to Michelle Marrs, marrsm@aetna.com for additional SKY information or to schedule trainings for your individual group or practice.

For additional information on SKY, please visit:

<https://www.aetnabetterhealth.com/kentucky/supporting-kentucky-youth.html>

Welcome to SKY for Providers -

- This training includes a high level overview of the SKY program and how provider collaboration is key to making systematic change in the foster care system.

2nd Thursday each month 11am to 12pm EST

New Provider Orientation, includes SKY -

- This training is for all new providers. It will include an overview of billing, claims processing, prior authorizations and more. It also includes the Sky overview piece.

3rd Thursday each month 10:30am to 12pm EST



Visit our News
and Events page
for registrations
and links to Join.

[News and
Events](#)

Virtual Office Hours -

- Virtual Office hours were created to share information on from multiple sides of our house. More in depth claims processing, etc., as well and state required SKY trainings on more specific topics such as Supporting Transition Age Youth.

Trainings on the last Thursday each month 11am to 12pm ET



October 24, 2024

Kentucky Center for Grieving Children and Families Training Series for Parents, Providers and Partners: Understanding Traumatic Grief

Time: 1:00 PM - 2:30 PM

- Participants will understand characteristics and dynamics of traumatic grief in children
- Participants will develop assessment skills to identify traumatic grief and associated symptoms
- Participants will acquire best practices and intervention for providing trauma informed support to grieving children

This training is eligible for foster parent credits

How to join this event:

[Register Here](#)



“All young people, regardless of what they look like, which religion they follow, who they love, or the gender they identify with, deserve the chance to dream and grow in a loving, permanent home.”

— President Obama, National Foster Care Month 2015 Presidential Proclamation

Learn More About
SKY



CONNECT WITH US
AND JOIN THE CONVERSATION



Don't Forget

Send any Provider Directory Updates to
kyproviderupdates@aetna.com

- NEW OFFICE ADDRESS
- NEW OFFICE PHONE NUMBER
- CHANGES IN PANEL INFORMATION

We rely on your communication of changes to keep our directory updated.

Aetna Better Health of Kentucky | 9900 Corporate Campus Drive Suite 1000 | Louisville, KY
40223 US

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