Aetna Better Health® of Kentucky
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AETNA BETTER HEALTH® OF KENTUCKY

PROVIDER NEWSFLASH –**DECEMBER 28, 2018**– PAGE 1 OF 1

To: Network Providers **Fax:** <<location fax>>

In the News: Provider References

We want to remind all our valued network providers that our Provider Manual is available online and contains important information for your reference.

Please visit our "For Providers" section of our website at **www.aetnabetterhealth.com/Kentucky**.
On the left hand side of the screen you will find several drop down boxes, click on "Provider Manual" and our Provider Manual will open.

We want to draw your attention to the following areas included in the manual:

- Our members' rights and responsibilities
- Information about pharmacy, including:
    - A list of pharmaceuticals, including restrictions and preferences
    - How to use the pharmaceutical management procedures
    - An explanation of limits or quotas
    - How prescribing practitioners must provide information to support an exception request
    - Process for generic substitution, therapeutic interchange and step-therapy protocols
- Our UM criteria, which is also available upon request by calling our member services department at **1-855-300-5528**
- APPROPRIATE UTILIZATION OF CARE WITHOUT CONFLICT OF INTEREST NOR INCENTIVES

  We don't reward practitioners, providers, or employees who perform utilization reviews, including those of the delegated entities for not authorizing health care services. No individual is compensated or provided incentives to encourage denials, limited authorization or discontinue medically necessary covered services. Aetna Better Health does not make decisions about hiring, promoting or terminating practitioners or other staff based on the likelihood or on the perceived likelihood that the practitioner or staff member supports, or tends to support, denial of benefits.

  Individuals shall not participate in the review and evaluation of a case in which he/she has been professionally involved or where his/her judgment might be compromised. Utilization decisions are made based only on appropriateness of care and service and existence of coverage.