

Provider Newsletter

Third Quarter 2020

IN THIS ISSUE



- KHA Center Care and Credentialing FAQ's2**
- PA/Appeal Education:3**
- Reminders!3**
- Aetna Better Health is Joining Availity3**
- Case Management of Members with High Risk Pregnancies.....4**
- Prepayment Review Process.....5**
- Clinical Practice Guidelines Update.....5**
- Formulary Updates.....6**
- Key Updates.....7**
- Provider Experience8 & 9**

Aetna Better Health Wins Kentucky SKY Contract!

Kentucky SKY is a new Medicaid program offered by Aetna Better Health of Kentucky and the Department for Medicaid Services. It will provide enhanced benefits and wraparound services to children in the foster care system, including former foster care youth, children who have been adopted, as well as children dually committed to the Department of Juvenile Justice (DJJ). Aetna Better Health of Kentucky will oversee and coordinate both physical and behavioral health, dental care, social services, and enhanced wraparound services in order to meet the complex needs of children in foster care. Working together, we are creating a holistic, person-centered program based on evidence-based best practices, as well as, trauma informed care approaches aimed at addressing the full spectrum of needs among our foster kids. Be on the lookout for more information as the year progresses.



KHA Center Care and Credentialing FAQ's

Earlier this year, Aetna Better Health contracted with a certified Centralized Credentialing Verification Organization (CVO), Kentucky Hospital Association (KHA) and Center Care. KHA/Center Care became responsible for direct credentialing for our network of providers. Independent Physician Practice Associations (IPA) and Hospital Organizations that currently have a delegated credentialing agreement are excluded from this process. Please see below for updates and reminders.



- ◆ Where can I find the forms needed to submit my new providers?
 - ◇ All credentialing forms can be found on the ABH KY website @ <https://www.aetnabetterhealth.com/kentucky>, - “For Providers” – “Join Our Network” – “Credentialing Criteria” – “Credentialing Application”. This are updated as needed, please access this area often to ensure you have the most up to date forms.
- ◆ Where are these forms sent?
 - ◇ The email address and fax number are listed on the front page of each application. The application can be emailed to KYProviderUpdates@Aetna.com or fax to **(859) 454-5584**. To improve efficiencies in the process, providers should begin using this address immediately. The old email address or fax number will no longer accept applications after July 27, 2020.
- ◆ What do I send to the new email address or fax numbers?
 - ◇ The same information you send today. New provider loads, updates, changes, terms, new locations, or facilities. Any provider information that is related to credentialing, loading or demographic changes.
- ◆ What if I have more than one or two providers?
 - ◇ You can reach out to your Network Manager at <https://www.aetnabetterhealth.com/kentucky/providers/>, for a Provider Roster. This will allow you to submit the information via an Excel file.
- ◆ What effective date will my practitioner be given?
 - ◇ The effective date assigned is the date a completed application was submitted, provided each practitioner has an active Kentucky Medicaid number and the group has an active contract with ABH KY.
- ◆ Who will be required to go through the credentialing verification process?
 - ◇ All individual practitioners and facilities seeking to enroll with Aetna Better Health will be credentialed and re-credentialed through the new CVO.
 - ◇ Independent Physician Practice Associations (IPA) and Hospital Organizations that currently have a delegated credentialing agreement are excluded from this process.
- ◆ Is there a separate contract or agreement needed for the provider?
 - ◇ No, this arrangement does not impact the current provider contract with Aetna Better Health of Kentucky.
- ◆ What are the steps to complete the new credentialing process?
 - ◇ Providers must be an active Kentucky Medicaid provider and have a current and active Medicaid ID.
 - ◇ You should verify that all documents are accurate and current, less than 180 days of age upon submission.
- ◆ How often are providers re-credentialed?
 - ◇ Providers are required to complete re-credentialing every three years (36 months based on their initial credentialing date.) A provider must successfully complete recredentialing to remain a participating provider.
- ◆ How do I determine the status of my credentialing application?
 - ◇ Providers can check status with Center Care directly via <https://centercare.com/providers/new-providers/>.

Questions? Contact your Network Relations Manager. Our most current list can be found at the end of the newsletter. You can also find a current list on our website at: www.aetnabetterhealth.com/kentucky, click on “For Providers”, you will find the link titled “Who is My Network Relations Manager?”

PA/Appeal Education:

We continually strive to inform our providers when we notice reoccurring requests for appeals with the same issue from multiple offices. Our goal is to reduce the burden your offices have by preventing the need for an appeal in the first place. If you have any questions for these items, please reach out to your Network Relations Manager listed on the last page of this newsletter.

- When submitting a PA for a Transesophageal Echocardiogram, the add on color flow will need to be included on the PA request form.
- If a member transitions from observation status to inpatient over the weekend, we need to be notified by COB on the following Monday.
- Starting on day 5, we require notification for any newborn that remains inpatient.



Our timely filing guidelines:



Reminders!



Claim type	Timely filing guidelines
Initial claims (Outpatient/Professional/Ancillary Services)	365 calendar days from the date of service (DOS)
Initial claims (Inpatient Services)	365 calendar days from the date of discharge (DOD)
Retroactively activated member, including newborn claims	365 calendar days from the date of enrollment into the Aetna Better Health eligibility files
Coordination of Benefits (all provider types)	365 calendar days from date of primary carrier remittance advice
Adjusted/corrected claims	Providers have 24 months from the date of the first remittance advice to contact Aetna Better Health to request an adjustment or for Aetna Better Health of Kentucky to receive a corrected claim



Coming Soon...Aetna Better Health is Joining Availity

We are excited to announce Aetna Better Health of Kentucky will be transitioning from our current Provider Portal to Availity in late 2020. We are excited about the increase in digital interactions available to support you as you provide services for our members.

Some examples of the increased functionality include:

- Eligibility and member benefits look up
- EFT registration
- Claim status look up
- Online claim submission
- PA submission and look up
- Grievance and appeals submission



Best of all, Aetna will continue to build upon this platform by rolling out enhanced functions in 2021 including:

- Panel searches
- Robust PA tool
- Review of G&A cases.

You will be receiving more communication from Availity directly as training plans are developed.

Case Management of Members with High Risk Pregnancies

Aetna Better Health of Kentucky partners with our providers to help members achieve the best health outcomes possible. Case Management for High Risk Pregnancies promotes healthy mothers and healthy babies. We provide care management services by a nurse case manager who has clinical experience with high risk pregnancies. We partner with our members during their pregnancy and postpartum experience to provide resources, education, and support to our high-risk pregnant members.

We also:

- Assist members in locating providers for medical, dental or behavioral health
- Assist with transportation to medical appointments
- Assist with identifying community resources such as WIC, SNAP, HANDS and finding resources for free or low -cost baby items/supplies
- Assist with addressing other social determinants of health needs
- Educate on health plan benefits including pharmacy and DME (including breast pump, maternity support belt, etc.)
- Educate on health and safety of mother and baby

Members that could benefit from Case Management include but are not limited to:

- Multiple pregnancy
- History of pre-term labor
- Have chronic or new medical conditions that may complicate the pregnancy
- Have behavioral health issues that may impact the pregnancy
- Have an unsafe living environment (homelessness, inadequate housing, violence/abuse)
- History of substance abuse or tobacco use
- Late initiation of prenatal care (after 14 weeks)
- Miss two or more prenatal appointments without rescheduling
- Have hospital visits (Emergency Rooms, labor & delivery triage)
- Have trouble with basic needs (food, utilities, transportation)
- Have fetal complications
- Teen pregnancy
- Advanced Maternal Age
- Other needs as identified by member or physician



To refer a member for care management support, send a prenatal notification to Case Management Services and/or contact one of our care managers at Aetna Better Health of KY:

DIRECT FAX: **855-454-5044**

EMAIL: **CCofKYCaseMgmt@aetna.com**

PHONE: **855-300-5528**

Prepayment Review Process

Aetna Better Health of Kentucky's ("ABHKY") Special Investigation Unit conducts reviews on a prepayment and post-payment basis. The purpose of this program is to detect, prevent and correct fraud, waste, and abuse and to facilitate accurate claim payments. Physicians and other healthcare professionals may have the right to dispute results of reviews.

During these reviews, provider and/or facilities are asked to allow ABHKY access to medical records and billing documents that support the charges billed.

ABHKY's prepayment reviews look for overutilization of services or other practices that directly or indirectly result in unnecessary costs to the healthcare industry, including the Medicaid programs.

Examples include, but are not limited to:

- Excessive billed charges or selection of the wrong code(s) for services or supplies
- Billing for items or services that should not have been or were not provided based on documentation supplied
- Unit errors, duplicate charges, and redundant charges
- Insufficient documentation in the medical record to support the charges billed
- Experimental and investigational items billed
- Lack of medical necessity to support services or days billed
- Uncovered services per the member's benefit plan, Aetna policies, Medicare policies or Medicaid policies
- Lack of objective clinical information in the medical record to support condition for which services are billed
- Items not separately payable or included in another charge, such as routine nursing, capital equipment charges, reusable items, etc.

These reviews also confirm that:

- The most appropriate and cost-effective supplies were provided.
- The records and/or documentation substantiate the setting or level of service that was provided to the patient.

ABHKY may conduct prepayment reviews of claims as required or allowed by applicable law and may request medical records, itemized bills, invoices, or other substantiating documentation to support the charges billed. Healthcare professionals are asked to send copies of requested documentation within 30 days of the request or within the appropriate federal and/or state guidelines.

Details on how to submit records are included within the notification letter that will be sent at the first stage of the prepayment review process.

Healthcare professionals who do not submit the requested documentation may receive a technical denial which will result in the claim being denied until all information necessary to adjudicate the claim is received.

If ABHKY or its designee determines that a coding and/or payment adjustment is applicable, the healthcare professional will receive the appropriate claim adjudication, an explanation of remittance (EOR) and a findings letter. Physicians and other healthcare professionals may have the right to dispute results of reviews as stated in the [Aetna Grievance and Appeal Process](#) ("G&A Process"). Those who are not in agreement with the explanation or findings may refer to the [G&A Process](#) for details.



Clinical Practice Guidelines Update

Our clinical practice guidelines have been updated for 2020 and posted to the website here [Clinical Practice Guidelines](#). These are evidenced-based best practice guidelines that we encourage our providers to review as needed. Note: these are not meant to direct patient care, but rather to provide easily accessible sources of information.



FORMULARY REMINDERS

The following charts list our most recent Formulary Additions, Removals and Updates. This list gets updated monthly, for the complete list please visit our provider tab on the website at <https://www.aetnabetterhealth.com/kentucky/providers/pharmacy/>

July 2020 — Additions	
Amitiza Caps 8mcg, 24mcg	Age Limit, Prior Authorization Required, Quantity Level Limit
Gvoke PFS Injection 0.5mg/0.1ml	Quantity Level Limit
July 2020 — Other Updates	
Glucagon Emergency Kit 1mg	Quantity Level Limit
Linzess Caps 72mcg, 145mcg, 290mcg	Prior Authorization Required

June 2020 — Additions	
Acne Medication Lotion (Benzoyl Peroxide) 10%	
Alahist-D Tab 17.5-10mg	
Athlete's Foot Spray (Tolnaftate) Aerosol Powder 1%	Quantity Level Limit
Atovaquone-Proguanil Tabs 62.5-25mg, 250mg-100mg	Quantity Level Limit
Benzoyl Peroxide Gel 2.5%	
Claravis Caps 10mg, 20mg, 30mg, 40mg	Step Therapy, Quantity Level Limit
Dovato Tab 50-300mg	Quantity Level Limit
Gvoke Hypopen Inj	Quantity Level Limit
Isotretinoin Caps 10mg, 20mg, 30mg, 40mg	Step Therapy, Quantity Level Limit
Phenazopyridine Tab 95mg	
Primaquine Tab 26.3mg	Quantity Level Limit
Tolnaftate Powder 1%	Quantity Level Limit
June 2020 — Other Updates	
Clotrimazole Solution 1%	Removed Step Therapy

May 2020 — Additions	
Dexamethasone Concentrate 1mg/ml	
Dexamethasone Vials 4mg/ml, 20mg/5ml, 120mg/30ml, 10mg/ml	
Fexofenadine Tab 60mg and 180mg (OTC)	Quantity Level Limit
Solu-Cortef PF Vial 100mg, 250mg, 500mg, 1000mg	
Pyrethrin-Piperonyl Butoxide Shampoo 0.33-4% (OTC)	Quantity Level Limit
Pyrimethamine Tab 25mg (Generic)	Prior Authorization Required
May 2020 — Removals	
Daraprim Tab	Brand
Hydrocortisone Lotion 2%	

April 2020 — Additions	
Aripiprazole Tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg (Generic)	Age Limit, Quantity Level Limit
Omeprazole Tab Delayed Release Disintegrating 20 Mg (OTC)	Quantity Level Limit
Orkambi Packet 100-125mg, 200-125mg	Prior Authorization Required
Orkambi Tabs 100-125mg, 200-125mg	Prior Authorization Required
Sublocade Prefilled Syringe 100mg and 300mg	Quantity Level Limit
Tramadol Hcl Tab 100mg	Quantity Level Limit
April 2020 — Removals	
Diphenhydramine Hcl Liquid 6.25mg/ml	
Polyethylene Glycol 3350 Oral Packet	
Psyllium Powder Packet 100%	
Sennosides Tab 17.2mg	
Sodium Bicarbonate Powder	

Key Update

Chronic Obstructive Pulmonary Disease and Inhaled Corticosteroids

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2019 introduced blood eosinophil counts as a biomarker for estimating efficacy of inhaled corticosteroids (ICS) in prevention of exacerbations. The 2020 GOLD initiative added information regarding the role of eosinophil count as a biomarker along with clarification of the diagnosis of exacerbations. Exacerbations represent the main clinically relevant endpoint when assessing the anti-inflammatory efficacy of a drug. A key point is that long-term use of **ICS monotherapy is not recommended in COPD**, as most studies are finding regular treatment with an ICS alone does not affect the long-term decline of FEV1 nor showing improvements in patient mortality rates.

ICS in Combination with Long Acting Bronchodilator Therapy

- For patients having moderate to severe COPD with exacerbations, the combined use of an ICS and a Long Acting Beta Agonist (LABA) has been found to be more effective than either of these components alone.
- At higher blood eosinophil concentrations, in populations with high exacerbation risk (>2 exacerbations or 1 hospitalization per year), use of ICS/LABA decreases exacerbations to a greater extent than use of a LAMA monotherapy or a LABA/LAMA combination.
- Improvements are noted in lung function, health status and reduction of exacerbation

When to Add ICS for Combination Treatment of COPD Management

- History of hospitalization for exacerbations of COPD
- Two or more moderate exacerbations of COPD per year
- Blood eosinophils ≥ 300 cells/microliter
- History of asthma, or concomitant asthma

Stepwise Progression Guide to Pharmacological Treatment:

- Zero or one moderate exacerbation (not leading to hospital admission):
 - **Group A: Minimally symptomatic - low risk of exacerbation**
 - ◆ Bronchodilator (either SABA or LABA)
 - **Group B: More symptomatic, low risk of exacerbation**
 - ◆ LABA or LAMA
- Two or more moderate exacerbations OR one or more leading to hospitalization:
 - **Group C: Minimally symptomatic, high risk of exacerbation**
 - ◆ LAMA
 - **Group D: More symptomatic, high risk of exacerbation**
 - ◆ LAMA
 - ◆ LAMA + LABA
 - ◇ Patient is highly symptomatic with COPD ASSESSMENT TEST (CAT) >20
 - ◆ ICS + LABA
 - ◇ Patient's blood eosinophils ≥ 300 cells/microliter








Global Strategy for the Diagnosis, Management and Prevention of COPD. Global Initiative for Chronic Obstructive Lung Disease (GOLD) Updated December 2019. <https://goldcopd.org/wp-content/uploads/2019/11/GOLD-2020-REPORT-ver1.0wms.pdf>.

PROVIDER EXPERIENCE TEAM CONTACT INFORMATION & COVERAGE AREA




Aetna Better Health of Kentucky takes great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service. We are committed to making sure our providers receive the best and latest information, technology and tools available to ensure their success and their ability to provide for our members. We focus on operational excellence, constantly striving to eliminate redundancy and streamline processes for the benefit and value of all of our partners. Our Provider Experience Team is assigned to designated areas throughout the state and are located within the communities in which they serve.

Aetna Better Health of Kentucky also offers a provider services line which can be reached by calling **1 (855) 300-5528**, Monday through Friday, 7 am to 7 pm.

	<p>Region 3 <i>Behavioral Health Provider</i></p> <p>All Regions <i>Community Mental Health Centers</i></p>	<p>Dustin Johnson Network Manager 502-648-6526 Johnsond38@aetna.com</p>
<p>Region 5 & 6 <i>Behavioral Health Provider</i></p>		<p>Holly Smith Network Relationship Manager 815-641-7411 Smithh3@aetna.com</p>
	<p>Baptist Health System</p>	<p>Cristy Sheppard Network Manager 502-719-8580 SheppardC1@aetna.com</p>
<p>Regions 1 & 2 <i>Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, Marshall, McCracken, Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster</i></p> <p>Providers in the state of Indiana</p>		<p>Gina Gullo Network Relationship Manager 502-612-9958 Rlgullo@aetna.com</p>
	<p>Region 3A <i>Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington</i></p> <p>Norton Healthcare System All other states excluding: IN, OH, TN, VA, & WV</p>	<p>Trista Gibson Network Manager 606-305-2705 GibsonT1@aetna.com</p>

PROVIDER EXPERIENCE CONTACT INFORMATION – CONTINUED

<p>Region 3B <i>Jefferson County</i></p>		<p>Connie Edelen Network Relationship Manager 502-240-2122 <u>Czedelen@aetna.com</u></p>
 <p>Region 4 <i>Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne</i></p> <p>Providers in the state of Tennessee</p>	<p>Abbi Wilson Network Manager 270-816-0893 <u>Wilsona8@aetna.com</u></p>	
<p>Region 5A <i>Anderson, Bourbon, Boyle, Clark, Fayette, Franklin, Garrard, Harrison, Jessamine, Madison, Mercer, Montgomery, Nicholas, Owen, Powell, Scott, Woodford</i></p>		<p>Jennie Handley Network Manager 513-659-9061 <u>Handleyj@aetna.com</u></p>
 <p>Region 5B <i>Estill, Jackson, Lincoln, Rockcastle</i> Kentucky Primary Care Association (KPCA) Association of Primary Care Physicians (APCP) The Physicians Network (TPN)</p>	<p>Sammie Asher Network Relationship Manager 606-401-1573 <u>Ashers@aetna.com</u></p>	
<p>Region 6 <i>Boone, Campbell, Gallatin, Grant, Kenton, Pendleton</i></p> <p>Region 7 <i>Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan</i></p> <p>CHI Saint Joseph Medical Group (Kentucky One) Providers in the state of Ohio and West Virginia</p>		<p>Jacquelyne Pack Network Manager 606-331-1075 <u>Jmpack@aetna.com</u></p>
 <p>Region 8 <i>Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott, Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, Whitley, Wolfe</i></p> <p>Providers in the state of Virginia</p>	<p>Krystal Risner Network Relationship Manager 606-687-0310 <u>Risnerk@aetna.com</u></p>	