



Aetna Better Health® of Kentucky

9900 Corporate Campus Dr.
Louisville, KY 40223

FAX

To: Network Providers

From: Network Relations

Fax:

Fax:

Phone:

Phone:

No. Pages: 7

Date: 7/7/2020

Subject: Network Notice - HRSA Provider Relief Fund & Prepayment Review Process

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NETWORK NOTICE

Date: July 6, 2020

To: Network Providers

From: Provider Experience

RE: HRSA Provider Relief Fund & Prepayment Review Process

9900 Corporate Campus Drive

Suite 100

Louisville, KY 40223



The U.S. Department of Health and Human Services (HHS), through the Provider Relief Fund, expects to distribute \$15 billion to eligible Medicaid and CHIP providers.

Join our webcast to learn more about the application process. Please pre-register to reserve a spot.

Presenting:

Getting started with the Provider Relief Fund for Medicaid and CHIP Distribution

**Wednesday, July 8
4–5 p.m. ET**

[Register Here To Join Webcast](#)

To stay updated on the latest information, we invite you to visit hhs.gov/coronavirus/cares-act-provider-relief-fund.

This event will be delivered via webcast, no dial-in required. Presentation materials will not be distributed. Program eligibility and allocation of funds is determined by HHS, subject to adjustment (as may be necessary) and available funding; see details at hhs.gov/coronavirus/cares-act-provider-relief-fund. Terms and conditions will apply.

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

Below is a description of prepayment review process. Physicians and other healthcare professionals may have the right to dispute results of reviews.

Prepayment review process

ABHKY (or its designee) conducts prepayment reviews of healthcare professionals' records related to services rendered to ABHKY members. 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, Humana 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.

Reviews and records requests

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.

Records submission

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.

Outcome

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.


This information can also be found in the Aetna Provider Manual.

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

Network Relations Contact Information & Coverage Areas

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 Network Relations 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, 7am – 7pm.

<p>Region 3 <i>Behavioral Health Providers</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, & 7 <i>Behavioral Health Providers</i></p>	<p>Holly Smith Network Relations Manager 815-641-7411 Smithh3@aetna.com</p>	
<p>Baptist Health System</p>		<p>Cristy Sheppard Network Manager 502-263-8420 SheppardC1@aetna.com</p>
 <p>Kentucky Primary Care Association (KPCA) Association of Primary Care Physicians (APCP) The Physicians Network (TPN) Ephraim McDowell Cooperative Care Network</p>	<p>Sammie Asher Network Relations Manager 606-401-1573 Ashers@aetna.com</p>	
<p>Regions 1 & 2 <i>Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Daviess, Fulton, Graves, Hancock, Henderson, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster</i></p> <p><i>Providers in the state of Indiana</i></p>		<p>Gina Gullo Network Relations Manager 502-612-9958 Rlgullo@aetna.com</p>



Region 3A

Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington

Norton Healthcare System

All other states excluding: IN, OH, TN, VA, & WV

Trista Gibson

Network Manager
606-305-2705

GibsonT1@aetna.com

Region 3B

Jefferson County



Connie Edelen

Network Relations Manager
502-240-2122

Czedelen@aetna.com



Region 4

Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne

Providers in the state of Tennessee

Abbi Wilson

Network Manager
270-816-0893

Wilsona8@aetna.com

Region 5A

Anderson, Bourbon, Fayette, Franklin, Garrard, Harrison, Jessamine, Mercer, Nicholas, Owen, Scott, Woodford



Jennie Handley

Network Manager
513-659-9061

Handleyj@aetna.com



Region 5B

Boyle, Clark, Estill, Garrard, Jackson, Lincoln, Madison, Montgomery, Powell, Rockcastle

Becky Bowman

Network Relations Manager
502-214-0399

BowmanB@aetna.com

Region 6

Boone, Campbell, Gallatin, Grant, Kenton, Pendleton

Region 7

Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan

CHI Saint Joseph Medical Group (Kentucky One)

Providers in the state of Ohio and West Virginia



Jacquylne Pack

Network Manager
606-331-1075

Jmpack@aetna.com



Region 8

Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott, Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, Whitley, Wolfe

Providers in the state of Virginia

Krystal Risner

Network Relations Manager
606-687-0310

Risnerk@aetna.com

Save time by accessing our online resources.

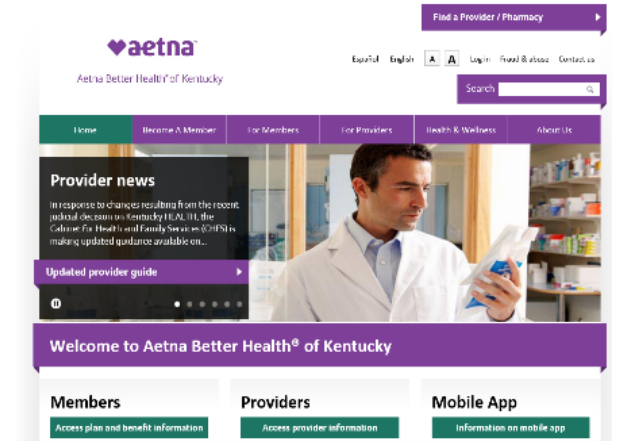
Be sure to check out our convenient web tools, available 24/7.

Health Plan Website

The health plan website is a resource for members and providers. Providers will find information, such as the member handbook, provider manual, and the formulary on the health plan website.

Providers can use the website to:

- Access the provider manual
- Access the formulary
- Access Clinical Guidelines
- Locate frequently used documents
- Register for and access the provider portal
- Access the Secure Provider Portal
- On-line Provider Directory



Visit the Website at <https://www.aetnabetterhealth.com/kentucky/>

Secure Provider Portal

The Secure Provider Portal is a web-based platform which connects providers with real-time member information anytime. With a secure log on, providers can perform many functions within the web-based platform. Information can be obtained from the Secure Provider Portal at <http://aetnabetterhealth-kentucky.aetna.com/>.



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