

## AETNA BETTER HEALTH® OF KENTUCKY

Please note our newly formatted fax blast – A copy of this communication is available on our website:  
[www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky), go to Provider News

### PROVIDER NEWSFLASH – FRIDAY, NOVEMBER 11, 2016 – PAGE 1 OF 2

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**To:** All Network Providers

**Fax:** <<location fax>>

- In the News:**
1. Holiday check runs
  2. New policy to review submitted costs for medications and implants on high dollar inpatient hospital claims
  3. Hospital based providers required to bill attending provider
  4. New email address for Hepatitis C referrals
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#### 1. **ATTENTION: Holiday check runs**

During the week of November 21<sup>st</sup> (Thanksgiving week), Aetna Better Health of Kentucky will be processing a check run on Wednesday 11/23/2016. The paid date on this check will be Tuesday November 29<sup>th</sup>, 2016. There will be no check run on Friday November 25<sup>th</sup>, 2016.

During the week of December 21, 2016 (Christmas week), Aetna Better Health of Kentucky will be processing a **final 2016 check run** on Friday December 23, 2016 which will have a paid date of Tuesday December 27, 2016. There will be no check run on Wednesday December 28, 2016 as Aetna Better Health will be processing 1099's.

Aetna Better Health will be processing a check run on December 30, 2016 which will have a paid date of January 3, 2017. We will be resuming our normal Wednesday and Friday check runs this week as well.

#### 2. **New policy to review submitted costs for medications and implants on high dollar inpatient hospital claims**

**Effective December 1, 2016**, Aetna Better Health of Kentucky will implement a policy to review submitted costs for medications and implants on hospital claims. The plan will utilize common sources reflecting marketing costs for these items. An upper limit on reimbursement will set. Requests for exceptions to the upper limit will be reviewed with submission of supporting documentation justifying the facility costs (acquisition, storage, administration) associated with the item.

#### 3. **Hospital based providers required to bill attending provider**

REMINDER to hospital based providers that coming shortly will be the requirement to bill the attending provider on the hospital claim form. This means that you will need to ensure that you have a Medicaid Provider ID number. Please see the MAP 811 process below for becoming a Medicaid provider and remember that this process can take up to 90 days to complete.

##### **Map-811 Checklist**

**NOTICE:** Pursuant to 907 KAR 1:672 Section 2 1(c) (1), you must be enrolled as a participating provider prior to being eligible to receive reimbursement. **Enrollment in the program is not a guarantee; therefore, providing services to Kentucky Medicaid members prior to your effective date is at your own financial risk.**

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A complete list of enrollment requirements for each provider type can be found on our website at the following link: <http://www.chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>

### Did you:

- Complete *all* questions? Questions not applicable should be completed with “N/A”. **(Applications will be rejected for any questions left blank.)**
- Sign and date signature page (page 12) **Electronic or stamped signatures are not accepted.**
- Attach appropriate licenses and/or certifications and all other required documents for requested effective date as well as current?
- Attach verification documentation for NPI and Taxonomy Code(s) from CMS NPI vendor or NPPES.
- Attach a MAP-347 if individual wants to be linked to group KY Medicaid provider number.
- Attach a copy of your Social Security card if you are enrolling as an individual. Attach your IRS verification letter if you are applying with a FEIN.
- If you are subject to an application fee, please attach a check payable to the KY State Treasurer. For more information on the application fee, please refer to your Provider Type Summary at <http://www.chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>.
- Keep a copy of the application for your records.

Not completing these reminders will delay the processing of your application. Please ensure that all reminders above are completed. Other information not mentioned above may be requested during the processing of your application.

#### 4. New email address for Hepatitis C referrals

Case Management Support is available for members who have been diagnosed with Hepatitis C and are ready for medication therapy. The Hepatitis C Case Management team can address any barriers that may impact a successful treatment plan.

There is a new email address for referrals to the HEPATITIS C Case Management Team. Please send referrals or inquiries to: [KentuckyAetnaBetterHealthHepC@Aetna.com](mailto:KentuckyAetnaBetterHealthHepC@Aetna.com).

Case Managers collaborate with the providers on the process for submitting the Prior Authorization request for medication therapy. There is a Prior Authorization Forms specifically for Hepatitis C Medication approval. This can be found at Aetna Better Health of KY web page, <https://www.aetnabetterhealth.com/kentucky/providers/pharmacy/>.

Prior Authorization Requests should be submitted to the number listed on PA form.