

 Aetna Better Health of Kentucky 9900 Corporate Campus Drive Suite 100 Louisville, KY 40223	<b>Date</b>	7/23/2024
	<b>To</b>	All Network Providers
	<b>From</b>	Provider Experience
	<b>Subject</b>	Material Change Clarification on Fee Schedule updates
	<b>Document number</b>	Aetna-1929

Our partnership with you is important. We have received feedback from providers regarding the orange envelope material contract change concerning fee schedule updates. This notice serves as clarification of the intent of that letter you received.

Periodically, ABHKY receives fee schedule or rate change updates from the Department of Medicaid Services (DMS) when they add, delete, or update the reimbursable amount to the existing published codes and modifiers allowable for Kentucky Medicaid. These updated fee schedules are used to calculate applicable payments to practitioners who are reimbursed based on the **Medicaid fee schedule only**.

Today, ABHKY updates our processing system by either adding, deleting, or updating the reimbursable amount of each code with the effective date provided by DMS. We then run a project back to the effective date of the rate change to re-adjudicate all claims that may be included in these updates regardless of increase, decrease or amount.

We have received feedback from many providers that this process leads to large remittance advices with very little monetary change. This process could also negatively affect the WRAP payments that are payable to certain providers.

It is our policy, effective August 1, 2024, that when the newest Medicaid fee schedule or rate change is received, it is loaded (**with the effective date provided by DMS**), tested and live in our system within **30 days**. Once this process is completed, a notice will be posted to the ABHKY website noting the production date. If the update is provider specific, the provider will receive an email from the Network Relations team, again detailing the load/production date. If there are any delays and the load exceeds 90 days, ABHKY will automatically reprocess all affected claims.

Claims received after the load date are paid using the updated fee schedule. If applicable, we **will not** automatically adjust previously paid claims. Providers can resubmit claims at their own discretion to obtain the updated rate.

This change applies to the DMS fee schedule and rate updates only, it does not impact your contractual reimbursement amounts set forth in your agreement.

<<<insert Network Listing >>>