



**Aetna Better Health[®]
of Kentucky**

PROVIDER NEWSLETTER

4th Quarter 2024



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- Appeals and Grievances
- Prior Authorization
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It's ALL ABOUT YOU!!!!

ABHKY has updated and streamlined our communication platform. We want to provide you, in conjunction with your individual needs, the information you need, when you need it.

Please take a moment and click the following link to ensure the contact information for you and all in your organization is accurate in our system.

**CLICK
HERE**

QUESTIONS??? We've Got Your Back

We want to make doing business with Aetna as easy as possible, and that includes getting in touch with us when you need support.

- Leverage the Aetna Better Health of Kentucky provider we site at [AetnaBetterHealth.com/KY-Provider](https://www.aetna.com/betterhealthofkentucky/provider) for manuals, forms and quick links.
- Visit **AVAILITY** at <https://apps.availity.com/availity/web/public.elegant.login> for real time enrollment, any claim-related reviews, eligibility, prior-authorizations, grievance and appeals and questions or inquiries.
- Visit the **ECHO** website at <https://enrollments.echohealthinc.com> for help with electronic funds transfer (EFT) and electronic remittance (ERA) set up.
- **Credentialing** applications, forms, demographic updates, terminations and status updates should be sent directly to KyProviderUpdates@aetna.com.

Still need support?

Take advantage of our **CONTACT US WEB FORM**. This form allows you to share the right information from the start, so you don't have to spend valuable time tracking down the help you need. As an added benefit for us both, we have ensured that any request or inquiry made through this form is routed to the appropriate department.



How it works

Start by selecting Contact Us in the upper right corner. Next fill out the reason for your inquiry. It will then ask you to share the appropriate contact from your practice and add essential information such as your Tax ID and NPI. You can also include up to 5 files with your inquiry if needed.

**Contact
Us**

When should I use the form?

Demographic changes, updates or terms, new provider adds to existing group contracts, large add/change/term files, W-9 submissions and terming providers due to office closures, retirement and leaving medical group.

What happens after I submit a request?

Once the form is submitted an email confirmation will be generated with all the details about your request. Within 48 hours a case number will be assigned. Inquiries will be answered as quickly as possible by our support teams.

Prefer to speak to someone?

Our knowledgeable Provider Services and Claims Inquiry Claims Research Staff are ready to help.

Call **1-855-300-5528** and follow the prompts.

- Press * for Healthcare Provider



- Next choose: Claims, appeals status, eligibility & benefits, authorization or more options.
- If you select MORE OPTIONS, then you can report fraud or abuse, talk to the Pharmacy help desk or talk to Provider services.

The friendly Provider Services staff can assist with claim status, inquiries or research, pharmacy, prior authorization, EFT/ERA registration/questions, check trackers and participation status of a new load request.

Our approach to working with providers is based on our Aetna Better Together philosophy. Provider engagement and collaboration is a cornerstone of our processes and critical to achieving improved provider experience. Our highly trained and experienced Network Relations leadership and staff have a combined 172 years of experience working for Kentucky providers. Our Network Managers are based in the communities they serve, fostering a higher level of responsiveness and personalized relationships. These locally based Network Managers engage with providers through a variety of mechanisms designed to provide proactive, prompt and collaborative communications.

Providers can access their Network Managers' contact information by scanning this QR code or on the Aetna Better Health website using this link:

[AetnaBetterHealth.com/Kentucky/ProviderEngagement.pdf](https://www.aetnabetterhealth.com/Kentucky/ProviderEngagement.pdf)



Don't Forget....

You can stay up to date on the latest provider news and helpful info.

<https://www.aetnabetterhealth.com/kentucky/providers/newsletters.html>

Electronic Visit Verification - Reminder

Electronic visit verification (EVV) is an electronic system providers use to record information when delivering Personal Care Services (PCS), which includes certain in-home or community-based 1915(c) Home and Community Based Services (HCBS) or Home Health Care Services (HHCS). The use of EVV is a requirement of the Cures Act passed by Congress in 2016.

EVV must electronically verify six aspects of service delivery: the date, location and type of service, the individual providing the service, the individual receiving the service and the start and end times of the service.

EVV offers several benefits such as eliminating the need for paper documentation, creating flexibility in scheduling and delivering services, improved monitoring of participant health, safety and welfare and reduction in potential Medicaid fraud, waste and abuse.

MCOs and DMS have been in a “soft launch” period since late 2023 to allow providers time to adopt DMS’s EVV guidelines and begin submitting EVV visit data.

During the “soft launch” period, providers were instructed to begin submitting their visit data either through Therap or their own EVV systems. Claims have continued to be paid by the MCOs during the “soft launch” period. Providers have been expected to attend trainings and ensure

their visit data is submitted.

On January 1, 2025, the “hard launch” will commence and any HHCS claim without a corresponding visit documented using EVV will be denied.

DMS and the MCOs encourage providers to begin making a transition and training plan so providers are ready to use Therap on January 1, 2025. This will allow providers ample time to identify and address any issues before the time for required use begins.

The following provider types and service codes are required to use EVV when delivering in-home HHCS to Medicaid participants.

Provider Types Impacted

Model II Waiver (MIIW) NOTE: Medicaid FFS Only

Home Health Services (HH)

Private Duty Nursing (PDN)

HH or PDN services provided through a Managed Care Organization

Services that Require EVV

410 - Respiratory Therapist - MIIW

552 - Registered Nurse - MIIW

559 - Licensed Practical Nurse - MIIW

420 - Physical Therapy - Home Health

430 - Occupational Therapy - Home Health

440 - Speech Therapy - Home Health

550 - Skilled Nursing - Home Health

560 - Medical Social Services - Home Health

570 - Home Health Aide - Home Health

T1000 - Private Duty / Independent Nursing - Private Duty Nursing

Providers have two options for using EVV. DMS has selected Therap Services LLC to launch EVV HHCS in Kentucky. Therap Services LLC is a national EVV company that has launched EVV in multiple states. Providers can sign up and receive training on the Therap solution and can use it free of charge.

DMS also allows providers to use their own EVV systems. Those systems will not be paid for by DMS and will be the responsibility of the providers using them. Provider EVV systems must meet the requirements of the 21st Century Cures Act and integrate with Therap to allow DMS to view visit information and conduct quality assurance activities.

Providers who have questions can reach out to 1915cWaiverHelpDesk@ky.gov or call **844-784-5614**.

Providers may also communicate directly with Therap via email at kysupport@therapservices.net



Use “988” for Mental Health Support

In support of providers delivering care that improves healthcare equity and fosters immediate access to critical behavioral health services, information on the nationwide 988 Suicide and Crisis Lifeline is being shared as a resource.

On July 16th, 2022, dialing “988” replaced the National Suicide Prevention Lifeline (800-273-8255) to meet the demand nationwide for access to urgent and emergent mental health care. 988 elevates early intervention and suicide prevention to the same level which emergency medical services has in addressing life threatening illness or physical injury.

How 988 works

- Similar to the “National 911 Program” for emergency services.
- Calls are routed to a local crisis center based on the caller’s location.
- Special routing is available for both veterans and Spanish-speaking individuals.

What you need to know

- The 988 Suicide and Crisis Lifeline is available in three formats Dialing 988 on any phone; Text to 988 ; Chat 988lifeline.org
- If you have referred in the past to National Suicide Prevention Lifeline, or have it listed in resource directories, make sure to update it to “988”.
- 988 aligns with CVS Health’s ***commitment to make mental well-being*** services more accessible and less complicated.

988 is a major step toward a transformed crisis care system in America.

Detailed information about the 988 Suicide and Crisis Lifeline can be found on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:

[988 Suicide and Crisis Lifeline | SAMHSA](https://www.samhsa.gov/988)

Appeal and Grievance

REMINDERS

Resubmissions:

If you are mailing hard copy claims or claim resubmissions, please direct those to:

**Aetna Better Health of Kentucky Claims and Resubmissions
PO Box 982969
El Paso, TX 79998-2969**

Claim Resubmissions should be clearly marked on the envelope and the first page of the request.

Appeals and Grievances

Whenever possible please submit your appeal, complaint or grievance electronically. It is preferred that you submit through the Availity provider portal using the direct application for Appeals, Complaints and Grievances:

[Log In to Availity](#)

or you may submit by fax to: **855-454-5585**

Please include all documentation you would like reviewed for the appeal, including member name, ID#, claim number, date of service, amount billed, etc. when submitting via the portal

Member appeals- pre service- can also be faxed to **855-454-5585** or email to:

KYAppealandGrievance@aetna.com

**Aetna Better Health of Kentucky
PO Box 81139
5801 Postal Road
Cleveland, OH 44181**

Provider appeals- post service- can also be faxed to **855-454-5585** or email to:

KYAppealandGrievance@aetna.com

**Aetna Better Health of Kentucky
PO Box 81040
5801 Postal Road
Cleveland, OH 44181**

External Review appeal requests- can also be faxed to **844-359-6670** or email to:

AetnaExternalReview@aetna.com

**Aetna Better Health of Kentucky
PO Box 81040
5801 Postal Road
Cleveland, OH 44181**

If you are submitting appeals for multiple claims in one mailing you must use physical barriers (elastic, paper clip, binder clip, sheet of blank colored paper etc.) for each claim in the submission to maintain the original received date.

Please remember to include all documentation you would

like reviewed with your appeal request.

Prior Authorization

REMINDERS

Transplant Authorization Updates

Jill Marelich, Primary Transplant Care Manager for ABHKY has retired from the organization after a very successful career.

The below Care Managers will be the new points of contact:

For adult members (over 21)

Sara Ballard, Care Manager
959-299-7457
BallardS2@aetna.com

For pediatric members (21 and under)

Kayce Dye, Care Manager
959-299-7405
DyeK1@aetna.com

For Sky Members:

Mary Thompson, Sky Manager
502-719-8579
ThompsonM8@aetna.com

We will no longer utilize the fax# 855-301-1567. If you send to this number by mistake, your fax will be forwarded to the Prior Authorization fax line.

Fax forwarding began on 10/31/2024.

Additionally, the phone number 959-299-7433 will no longer be used. Providers should call the phone numbers listed above with any questions.

On 10/31/2024, Aetna Better Health of Kentucky moved the transplant phone and fax lines to our regular PA phone and fax lines listed below:

Prior Authorization:

Phone 1-888-725-4969
Fax 1-855-454-5579

Behavioral Health:

Phone 1-855-300-5528
Fax 1-855-301-1564

Concurrent Review Inpatient Medical Requests:

Phone 1-888-470-0550
Fax 1-855-454-5043

Psychological Testing: 1-844-885-0699

**Submission also available through Availity*

SKY Members Only

Pharmacy: MedImpact
Phone 1-844-336-2676

SKY Medical: 1-833-689-1422
SKY Concurrent Review: 1-833-689-1423
SKY Behavioral Health: 1-833-689-1424

If you have a **retrospective review request** where the services have already been rendered,
Please send these your request to:

Kentucky Medical Retrospective review @ 855-336-6054

Quality - HEDIS

REMINDERS

Priority HEDIS Measure: WCC

Follow-Up Care for Children Prescribed ADHD Medication (ADD)



What is this measure?

The percentage of members 3-17 years of age who had an outpatient visit with a PCP or Ob/GYN and had evidence of the following:

- BMI percentile
- Counseling for nutrition
- Counseling for physical activity

What do I need to know?

- Enter height and weight in EVERY visit, including sick visits
- Use EMR system to auto calculate BMI percentile
- Use sick visits to meet the measure
- Contact Aetna Quality contact (below) to inquire about EMR access and secure file transfer portals to increase gap closure

Remember, children ages 2-21 can receive a \$25 gift card for completion of an annual well child visit

Priority HEDIS Measure: ADD

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

What is this measure?

Children ages 6-12 prescribed an ADHD medication and had at least 3 follow-up visits.

Members need one follow-up within the

first 30 days of the medication as well as 2 additional follow-up visits within 9 months of day 30.



Description	Prescription
CNS Stimulants	Dexmethylphenidate Dextroamphetamine Lisdexamfetamine Methamphetamine Methylphenidate
Alpha-2 Receptor Agonist	Clonidine Guanfacine
Miscellaneous ADHD Medication	Atomoxetine

What do I need to know?

- Utilize NCQA coding to reflect care rendered
- Outreach parents to schedule follow-up care visits within the 10 month period (patient portal, text messages, phone calls).
- Educate parents on the importance of follow-up to ensure that the medication is prescribed and managed correctly.
- Consider limiting the first ADHD prescription to a 30 day supply.

NCQA Coding

Behavioral Health Outpatient Visits

98960-98962, 9907, 99201-99205, 99211-99215, 99241-99245

Observation Visits

99217-99220

Telephone Visits

98966-98968, 99441-99443

Online Assessments

98969-98972, 99421-99423, 99444, 99457

Provider Best Practice to Improve Childhood Immunization Rates

Patient Reminders

- Social Media
- Reminder Postcards
- Patient portals
- Texts and calls
- Auto-dialers

Catch-Up Schedule

Use the catch-up schedule for missed immunizations

[Click for Catch-up Schedule](#)

Answer Questions Effectively

Be prepared to answer questions and concerns around the vaccine. Be accurate and empathetic

source: www.cdc.gov/hpv/

Why Flu Vaccine?

- Young children, especially under 2 years old, are higher risk of developing serious flu-related complications
- CDC estimated from 2010-2020, children younger than 5 ranged between 6,000-27,000 flu related hospitalizations in the US

Complications from flu among children

- Pneumonia
- Dehydration
- Worsening of long-term medical problems such as heart disease or asthma
- Brain dysfunction
- Sinus problems and ear infections

For more questions about ADD, email Jerri Sanders, Quality Practice Liaison at sandersj1@aetna.com

Closing HEDIS Gaps

Please click on the ABHKY HEDIS toolkit for more information on:

- Measure description
- Immunizations
- Strategies for Improvement
- Closing the care gaps

[ABHKY HEDIS Toolkit - CLICK HERE](#)



Bringing Support

Improving Care and Quality Scores

Remote electronic medical records (EMR)

Aetna Better Health of KY has year-round medical record review collection to help our provider network improve care and quality scores. To assist with improving scores, we are requesting remote electronic medical records (EMR) access to our members' medical records for this quality review. Through remote EMR, you will see a reduction in office burden that may have been experienced during prior quality reviews when the office was requested to submit records.

What is Remote EMR Access?

The utilization of a secure connection to EMR, applications, or data from a location other than the provider office. Remote EMR also provides the opportunity for the health plan to retrieve medical record data tied to Healthcare Effectiveness Data and Information Set (HEDIS) accreditation and performance metrics that includes:

- Labs & diagnostic reports
- Outpatient care including progress & consult notes
- Immunizations
- Problem lists & histories
- Assessments & flowsheets
- Medication sheet

Benefits of Remote EMR Access

- Reduction in office burden during quality review projects pertaining to HEDIS gap closure

- More time with patients
- No phone calls or faxes tied to quality audit
- No need to reserve space for onsite reviewers
- Reduction in costs that can be tied to copy vendors or paying additional staff to pull charts
- Improvement in HEDIS performance rates
- Identification of areas to improve in documentation or coding on claims for care rendered
- Charts pulled from remote EMRs can close gaps tied to value-based incentive programs

Complying with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and ensuring secure transfer of protected health information (PHI)

We will adhere to your office requirements, security consents, paperwork for access, and the HIPAA Privacy Rule. To further ensure the security of patient information and HIPAA compliance, we have developed a Business Associate Agreement (BAA) to sign with our providers. A BAA is:

- A legally binding relationship between HIPAA-covered entities that provide health care services(health plans and providers)
- Ensures complete protection of PHI as those in the BAA are held accountable for complying with HIPAA.

If you want to move forward with implementing remote EMR access, we will send you the required BAA to start the process.

Reach out to Stacie Grannis at granniss@aetna.com.

Community Health Workers

Aetna Better Health of Kentucky employs Community Health Workers (CHWs). Our CHWs are members of the community who serve as a bridge between the member and the healthcare system through outreach and education. Their role is meant to facilitate access to services and improve the quality and cultural competence of service delivery. For questions about how to access Aetna CHW services email us at PHM_ABHKY@aetna.com.

Integrated Care Management

If you have patients that need care management or if you have any questions about these services, call Member Services at 1-855-300-5528, Monday through Friday 7 AM to 7 PM Eastern time and ask to speak to Care Management.

Pharmacy Benefits

Check out the provider handbook online at <https://www.aetnabetterhealth.com/kentucky/providers> for information about Aetna Better Health of Kentucky's pharmacy benefits and pharmaceutical management procedures.

Shared Decision Making (SDM)

SDM is not about information but conversations, not about empowerment or choice, but to respond well to patient problems. Shared decision-making aids are communication tools used as a way for providers and patients to make informed

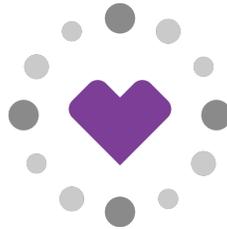
health care decisions based on what is important to the patient. They do not replace physician guidance but are intended to help complement the discussions between patients and physicians on treatment decisions.

Purpose: To create care that best responds medically, practically, emotionally, and existentially to each patient's problems

- Personalize care with person centered care conversations
- Develop a partnership based on empathy, exchanging information about the available options,
- Deliberate while considering the potential consequences of each one,
- Make a decision by consensus

Below are evidence-based aids from Mayo Clinic Shared Decision Making National Resource Center that provide information about treatment options, lifestyle changes, and outcomes that can be used during a clinical encounter.

- ***Mayo Clinic | Care that fits***
 - ***Statin Choice | Mayo Clinic***
 - ***Depression Medication Choice | Mayo Clinic***
 - ***Cardiovascular Primary Prevention Choice | Mayo Clinic***
 - ***My Life My Healthcare Toolkit and Conversation Guide***





We Are Better Together

What is SKY?

Supporting KY Youth

Unmatched Support

SKY members include children in out-of-home (foster) care, those who have been adopted through the foster care system, Department of Juvenile Justice children who are Medicaid eligible, and transition age youth that were in a placement at age 18 qualifying through their 26th birthday. Children in kinship care are also eligible through the state's new Specialized Permanent Custody program.

As their provider, caring for these individuals, You are not alone. Our SKY team is here to support you and your staff in giving the member the highest level of support.

SKY Benefits and Services

SKY members have access to our entire program of supports and services. Including but not limited to:

Value added benefits such as:

- Health club memberships
- Children's over-the-counter benefit
- Birthday in a Box
- Connections for Life, smartphone and/or laptop depending on age
- Duffle Bag Program
- Back to school Backpack
- Calming Comforts box (sensory therapy)

Transition Age Youth Milestones including:

- Moving assistance
- Tattoo Removal
- Drivers License Fees
- Assigned care manager to help navigate physical, psychological and social needs.
- Support for family-driven, member centric, goal setting

All SKY members are enrolled in Case Management which assists in directing them to the multitude of available special programs such as:

- **High Fidelity Wraparound** - Family-driven, team-based process for planning and implementing services and supports. To help youth and families get their current needs met, learn new skills to better manage their behavior and life, and develop the skills and resources to manage a crisis after wraparound.
- **LACES** - for members identified as deaf or hard of hearing offering supports to help improve members language acquisition and communication.
- **Behavioral Health Discharge Program** - Aetna has worked with the child/adolescent psychiatric hospitals to identify a single point of contact for in each of the facilities to streamline communications regarding transition of care planning. psychiatric hospitals to identify a single point of contact for in each of the facilities to streamline communications regarding transition of care planning.
- **Charting the LifeCourse** - Core belief: all people have the right to live, love, work, play, and pursue their life aspirations just as others do in their community.

If you have any questions or would like more information about the SKY program, please reach out to Michelle Marrs at marrsm@aetna.com

Training

We Are Better Together

The Aetna® provider network is designed to support the complex needs of SKY members beyond traditional facilities, clinics and providers.

It also includes community advocates, peer support, specialty pharmacies and family/caregivers. Our network of hospitals and specialists, including both physical and behavioral health providers, serves as the foundation to meet the needs of SKY members.

We offer **special trainings** to providers serving SKY members. We'll help you understand how to serve our members receiving adoption assistance or Involved with the Department of Juvenile Justice. These training are also available upon request to any network provider.

Please reach out to Michelle Marrs, marrsm@aetna.com for additional SKY information or to schedule trainings for your individual group or practice.

For additional information on SKY, please visit:

<https://www.aetnabetterhealth.com/kentucky/supporting-kentucky-youth.html>

Welcome to SKY for Providers -

- This training includes a high level overview of the SKY program and how provider collaboration is key to making systematic change in the foster care system.

2nd Thursday each month 11am to 12pm EST

New Provider Orientation,

includes SKY

- This training is for all new providers. It will include an overview of billing, claims processing, prior authorizations and more. It also includes the Sky overview piece.

3rd Thursday each month 10:30am to 12pm EST



Visit our News and Events page for registrations and links to Join.

[News and Events](#)



January 15, 2025

Neonatal Abstinence Syndrome and Substance Exposed Infants

Time: 9:30 AM - 10:30 AM

This presentation provides an overview of Neonatal Abstinence Syndrome (NAS) and Substance Exposed Infants (SEI). Topics discussed include symptoms, treatment, prevention efforts, reporting and resources. The presentation emphasizes a holistic, whole person-whole family, approach to care and treatment.

How to join this event:

Register prior to the event using this [link](#).

If you have questions, you can reach out to Melissa Dean at MgDean@aetna.com.

January 21, 2025

Human Trafficking 101

Time: 9:30 AM - 10:30 AM

This training will equip participants with the knowledge and skills to recognize, prevent, and respond to human trafficking in their communities and in the workplace. It will also emphasize the increased risk that those being served through the Child Welfare and Juvenile Justice System have in becoming victims.

How to join this event:

Visit this [link](#) at the time of the event.

If you have questions, you can reach out to Julie Horen-Easley at Horen-EasleyJ@aetna.com.

January 22, 2025

Supporting Transition Age Youth

Time: 9:30 AM - 10:45 AM

Participants will learn how to best meet the specialized physical and behavioral health needs of adolescents. They will be able to identify and locate services and support throughout Kentucky and through the Aetna SKY Program. In addition,

participants will learn how Aetna Care Managers support transition age youth through Journey to Independence Staffing's and how our care management team aligns with the Department of Community Based Services through the Transition Plan.

How to join this event:
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If you have questions, you can reach out to Julie Horen-Easley at Horen-EasleyJ@aetna.com.

January 23, 2025

Cultural Competency for Providers

Time: 11:00 AM - 12:00 PM

Recognizing that members have diverse views is critical to meeting their needs. The cultural factors that will likely impact your relationships with members include age, gender identity, language, religion, and values, to name a few. It's important to respect and respond to members' distinct values, beliefs, behaviors and needs when caring for them.

How to join this event:
Visit this [link](#) at the time of the event.

If you have questions, you can reach out to Michelle Marrs at MarrsM@aetna.com.

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“All young people, regardless of what they look like, which religion they follow, who they love, or the gender they identify with, deserve the chance to dream and grow in a loving, permanent home.”

— President Obama, National Foster Care Month 2015 Presidential Proclamation

Learn More About
SKY



CONNECT WITH US
AND JOIN THE CONVERSATION



Don't Forget

Please send any Provider Directory updates to:

kyproviderupdates@aetna.com

- NEW OFFICE ADDRESS
- NEW OFFICE PHONE NUMBER
- CHANGES IN PANEL INFORMATION

We rely on your communication of changes to keep our directory updated.

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)



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