

Provider Newsletter

Second Quarter 2021

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Get up to \$100 for Covid 19 Vaccine

Aetna Better Health of Kentucky Members ages 16 and older get a \$50 Visa gift card for each dose of a COVID19 vaccine they get, or \$100 in Visa gift cards for the Johnson & Johnson vaccine.*

Call Aetna's Member Service Team at **1-855-300-5528 (TTY: 711)** to get help scheduling an appointment or finding a vaccine site. Aetna can also help with getting a ride to COVID19 vaccine appointments.

[AetnaBetterHealth.com/Kentucky](https://www.aetna.com/Kentucky)

*Doses received on or after May 24, 2021 are eligible for Visa Gift card rewards.



Notice of Pharmacy Vendor Change and FAQs

FAQs for Providers about the Upcoming Transition to MedImpact, the Commonwealth's new Pharmacy Benefit Manager for Kentucky Medicaid:

What is changing?

In response to legislation, the Cabinet for Health and Family Services (CHFS) is required to implement a single Pharmacy Benefit Manager (PBM) for all Medicaid Managed Care Organizations (MCO) operating in the Commonwealth of Kentucky.

MedImpact was chosen as the PBM to implement the Kentucky MCO single PBM program using Department of Medicaid Services (DMS)-approved administrative payment methodology and the Fee-For-Service pharmacy benefit design, including the Preferred Drug List (PDL).

All outpatient drugs, including over-the-counter (OTC) drugs, will be covered under a single KY formulary and Preferred Drug List (PDL) managed by MedImpact. This does not include Physician Administered Drugs, which will continue to be managed by the MCOs, under their medical benefit.

When will this change take place:

On July 1, 2021, MedImpact Healthcare Systems, Inc. will begin processing pharmacy claims and prior authorizations for all Kentucky Medicaid MCOs.

Who does this change affect?

All Kentucky Medicaid MCOs, all Medicaid members (including SKY), all Medicaid providers, and all pharmacies contracted with Medicaid.

Who do providers contact for assistance with pharmacy benefits?

Providers can contact MedImpact 24 hours a day, 7 days a week with technical or program questions. The MedImpact Call Center number is 1-800-210-7628 (TTY: 711).

The Prior Authorization (PA) call center is available from 8:00 AM to 7:00 PM EST. Determinations of PA requests are made within twenty-four (24) hours of receipt. The Prior Authorization Call Center number is 1-844-336-2676.

If a member's prescription needed a prior approval, a new one is not needed until the current prior approval expires.

Who do members contact for assistance with their pharmacy benefits?

Medicaid members can contact MedImpact for help. The MedImpact Call Center number is 1-800-210-7628 (TTY: 711) and is available from 8:00 AM to 7:00 PM EST.

Can members still fill their prescriptions at the same pharmacy they currently use?

Members can use the same pharmacy but can also use any Medicaid enrolled pharmacy. MedImpact will provide a network pharmacy locator tool on their website referencing the DMS pharmacy network. This is a public facing webpage and will be available before July 1.

Notice of Pharmacy Vendor Change and FAQs (Cont..)

Will members see any difference when filling their prescriptions?

There will be no change in the prescription drugs that are covered at this time. Over the counter drugs that are covered may change. If there is any change, the member will get a letter. If a member needs assistance, they should call the MedImpact Call Center at 1-800-210-7628.

What are the new BIN, PCN and group numbers for pharmacies?

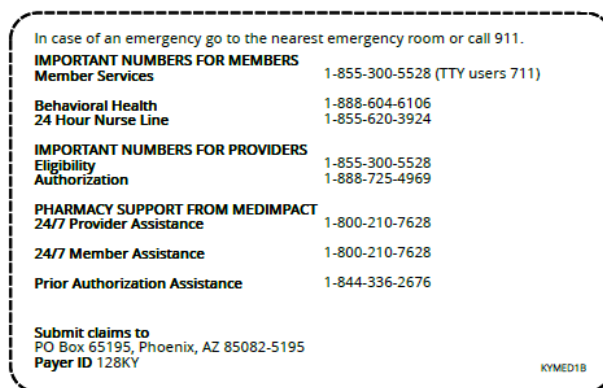
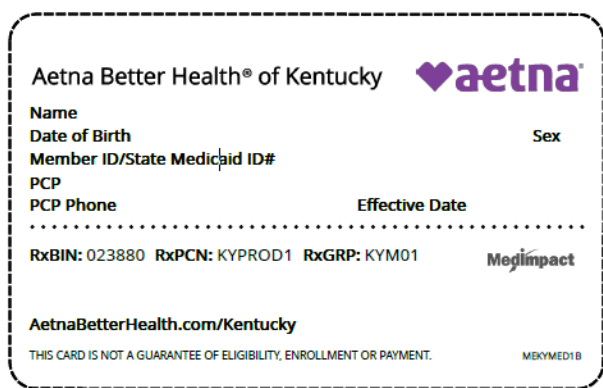
The new Claim Processing Details will be on member's ID cards (images below). Members will receive a new Medicaid ID card in the mail from their MCO when the change is effective on July 1, 2021.

New Claim Processing Detail:

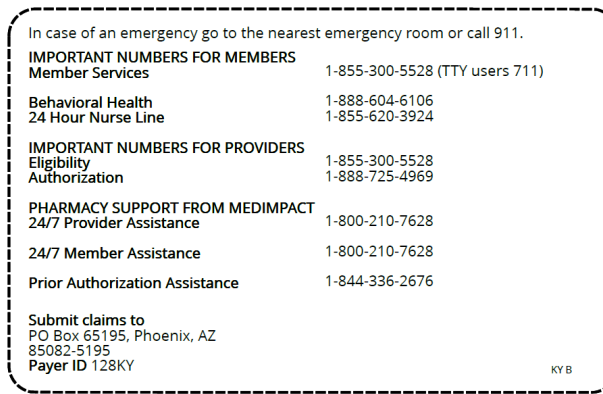
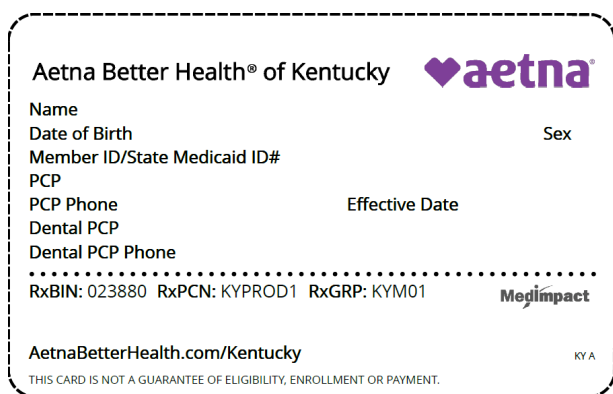
BIN: 023880

PCN: KYPROD1

Group ID: KYM01



Example SKY member ID Card:



Do providers need to contract with MedImpact?

No. Pharmacies that participate with Kentucky Medicaid do not also need to contract directly with MedImpact. There are no additional steps needed to be in the network

Notice of Pharmacy Vendor Change and FAQs (Cont..)

Will MedImpact be providing the Prior Authorization services?

Yes. MedImpact will manage all prior authorizations under the pharmacy benefit. This includes claims processing, administering payments to KY Medicaid pharmacy providers, applying the KY Medicaid Preferred Drug List (PDL), and administering Prior authorization requests using DMS established criteria. Please see MedImpact's website for PA request submissions.

All prior authorizations will be managed by MedImpact. Please call 1-844-336-2676 or fax all pharmacy PA requests to 1-858-357-2612 beginning July 1, 2021. You may also submit your request online through Cover My Meds, Surescripts, or CenterX ePA portals. For all medically billed drug (Jcode) PA requests, please continue to send those directly to the member's plan for review.

If a member is on a drug that currently does not require a PA but will require a PA on July 1, 2021, the member will be granted 90 days to transition to a preferred alternative or request a PA. Please visit kentucky.magellanmedicaid.com for a list of preferred drugs covered under the KY PDL.

Will there be any changes to the process for contracting with Specialty Pharmacy?

Pharmacies that participate with Kentucky Medicaid do not also need to contract directly with MedImpact. There are no additional steps needed to be in the network.

When will the Payer Sheets be finalized?

Payer specifications are available on MedImpact's informational website and the Provider Portal. Please visit: <https://pharmacy.MedImpact.com>

Changes to the pharmacy benefit for Medicaid managed care members will be made to align with the Medicaid Fee-For-Service benefit design and will include changes to their current claim billing information. BIN/PCNs and Groups will be changing, and providers will be receiving a separate notice regarding these changes in May.

Will there be a member portal to see prescription information?

Yes. The portal will be live as of July 1, 2021. The website address will be: <http://kyportal.medimpact.com>

Do members need to do anything to continue filling their current prescriptions?

The filling of current prescriptions should not change. If there is any negative impact or changes to medications, Aetna will provide a 30-day notice of this impact via letter.

Will members be reimbursed by MedImpact for emergency prescriptions a member needs to fill?

This process should not change. The member can continue to fill their prescriptions at their current pharmacy.



Availity

Your real-time information gateway

Aetna Better Health of Kentucky is excited to have transitioned from our Provider Portal to Availity. This transition allows for an increase in digital interactions available to support you as you provide services for our members.

Functionality examples include:

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

Enhancements coming soon:

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



www.aetnabetterhealth.com/kentucky/providers/portal.html

Questions? We've got your back. Just call our Network Relations Department at [1-855-454-0061](tel:1-855-454-0061) or contact your Network Manager directly at any time

Behavioral Health Member Survey results

Our annual Behavioral Health Member Satisfaction Survey was a success – we want to send a big thank you to all our providers who provide such excellent care to our members! This survey returns valuable member feedback on the care they receive and rates their overall satisfaction with their care. We want to share the feedback so that together we can work to ensure all members can live their best lives.

Overall scores were very good showing 91% of the members were pleased with the services they received and 89% would tell others to use Aetna Better Health of Kentucky. The survey determined 5 strengths:

- My Behavioral Health Care Provider (BHCP) helps me feel better
- My BHCP explains things in a way I understand
- I would send my friends or family to my BHCP
- My BHCP treats me with respect
- My BHCP listens to me and understands what I say

The survey identified 3 areas that are opportunities for improvement. These are:

- My BHCP helps me do better in school, work or other daily activities
- My BHCP helps me get along better with family and friends
- My BHCP works on my treatment plan with my family, care team and me

Our next BH member satisfaction survey will be sent out later this summer. Please encourage all your patients to participate if they receive a survey. If you have any questions on the most recent survey results, please reach out to your Network Manager.



Do Your Patients Need Our Integrated Care Management (ICM)?

Our Integrated Care Management (ICM) Program is a collaborative process of bio psychosocial assessment, planning, facilitation, care coordination, evaluation, and advocacy for service and support options to meet a member's needs. We offer Disease Management (DM) programs to patients with asthma, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), depression, and chronic renal disease (CRD).



We believe it is important to have a program to promote the engagement of pregnant women who have significant opiate use or opiate addiction in prenatal care management. Care management will continue with the same Case Manager (CM) for the mother and baby for the first year of the baby's life. The goal of the program is to identify pregnant woman with Substance Use Disorder (SUD) and refer them for treatment to reduce the incidence of neonatal abstinence syndrome.

If you have patients that need ICM or if you have any questions about these services, call Customer Service at **1-855-300-5528**, Monday through Friday, 7 a.m. to 7 p.m., ET. Just ask to speak to a CM. Involvement in the ICM program is voluntary. Members have the right to opt out of the ICM program at any time.

EPSDT Coding for Pediatric Preventive Care

Preventive Medicine Services: New Patients

Initial comprehensive preventive medicine E/M of an individual include an age-and gender-appropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and ordering of laboratory or diagnostic procedures.

CPT Codes	ICD-10-CM Codes
99381 Infant (younger than 1 year)	Z00.110 Health supervision for newborn under 8 days old or Z00.111 Health supervision for newborn 8 to 28 days old or
	Z00.121 Routine child health exam with abnormal findings or Z00.129 Routine child health exam without abnormal findings
99382 Early childhood (age 1–4 years)	Z00.121 Routine child health exam with abnormal findings or Z00.129 Routine child health exam without abnormal findings
99383 Late childhood (age 5–11 years)	
99384 Adolescent (age 12–17 years)	
99385 18 years or older	Z00.00 General adult medical exam <i>without abnormal findings</i> Z00.01 General adult medical exam <i>with abnormal findings</i>

EPSDT Coding for Pediatric Preventive Care (cont.)

Preventive Medicine Services: Established Patients

Periodic comprehensive preventive medicine reevaluation and management of an individual includes an age- and gender-appropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures.

CPT Codes	ICD-10-CM Codes
99391 Infant (younger than 1 year)	Z00.110 Health supervision for newborn under 8 days old or Z00.111 Health supervision for newborn 8 to 28 days old
	Z00.121 Routine child health exam with abnormal findings or Z00.129 Routine child health exam without abnormal findings
99392 Early childhood (age 1–4 years)	Z00.121 Routine child health exam with abnormal findings or
99393 Late childhood (age 5–11 years)	Z00.129 Routine child health exam without abnormal findings
99394 Adolescent (age 12–17 years)	

For more information on coding during the COVID-19 pandemic (including telemedicine and telehealth), refer to the Coding at the AAP website (www.aap.org/coding) and its page dedicated to this coding.

Authorization FAQs

Have you ever wondered what the difference was between the various prefixes in the authorizations you receive? We understand and have your most frequently asked questions answered below.

All authorizations undergo the same standard review process and each one contains the same information. The main difference is the way our internal system builds the authorization, which we track by their prefix.

If your prefix has:

- A number starting with the year – these authorizations were built manually by our team.
- SAG- these authorizations were built using an automated template within our system.
- EPS- these authorizations were built through a portal submission using CWQI.
- AVA- these authorizations were built through a portal submission using Availity.
- A – these authorizations were built through Evicore (for specialty type).



Still have questions? Please reach out to our Prior Authorization team by calling our main number **1-855-300-5528** and ask to speak to the PA department.

Meet Our Community Health Workers (CHW)?

Angela Davenport MSW,CSW

We are advocates for health equity, increasing opportunities for everyone to live the healthiest life possible, no matter who they are, where they live or how much money they make.

Role of a Community Health Worker (CHW)

Since CHWs typically reside in the community they serve, they have the unique ability to bring information where it is needed most. They can reach community residents where they live, eat, play, work, and worship. CHW's are members of the community who work in association with the local health care system in both urban and rural environments. CHWs are frontline agents of change, helping to reduce health disparities in underserved communities.

Among the many known outcomes of CHW's service are the following.

- Building individual and community capacity
- Improved access to health care services
- Increased health screenings
- Improved adherence to health recommendations
- Better understanding between community members and the health and social service system
- Ensuring that people get the services they need
- Providing culturally appropriate and accessible health education and information by using popular education methods
- Providing informal counseling and social support



CHW, Aetna Better Health of Kentucky
Phone: **502-719-8589**

Kelly McIntire

The purpose of the CHW role is to assist our Aetna members in connecting with community resources for their everyday needs, such as transportation, food, health care, preventative screenings, translation services, medication instructions, and any other need that promotes their well-being. We are there to help bridge the gap between member and healthcare provider to ensure the members needs are being met.

How do I know if I'm qualified to meet with a CHW?

If you are an Aetna member you are qualified.

Do CHW's charge for their services?

No, this is a free service we hope our members choose to utilize

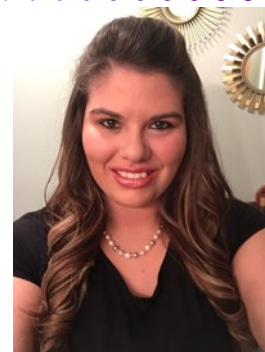
What services do CHW's provide?

Provide health education for our members to improve their overall health

Set up referrals to our care management team

Assist with arranging transportation, setting up appointments, and finding other community resources

We meet the member at their homes or other safe designated locations for the member's convenience



CHW, Aetna Better Health of Kentucky

Collaborate with Aetna Better Health to Integrate Holistic Member Care!

Integrated care is a model that addresses your patient's medical, behavioral and social needs in an integrated fashion. We recognize that full integration is not always possible, but you have the opportunity to improve coordination of care across disciplines by collaborating with members and outreaching their behavioral health provider and/or their primary care provider (PCP).

According to the National Institute of Mental Health, people with serious mental illness (SMI) die 14 to 32 years earlier than the general population. The Patient Protection and Affordable Care Act outlines a specific model of integrated care, which provides a holistic patient centered approach and is believed to improve patient's health.

You can improve your patient's health outcomes by working closely together to address their mental health disorders in conjunction with their other physical conditions. If you are a behavioral health provider ask your patient to sign an authorization to exchange information with their PCP. Let's improve your patient's health and wellbeing by collaborating across disciplines today.



Your Network Relations Team We've Got Your Back

Virtual Office Hours –

Virtual Office Hours provides a space for providers to learn about managed care and the Kentucky SKY model. There will also be time allotted to ask questions, provide feedback, and address any concerns. They occur every other Thursday from 11-12 EST. Links can be found on our website at: <https://www.aetnabetterhealth.com/kentucky/news-events.html> We hope you'll join us.

June 10, 2021 Review of Medical Consent

Eligibility and Benefits, Member Billing, Outside Vendors



[Join meeting](#)

June 24, 2021 SKY - Quality Measures and Health Outcomes

Operations - Telehealth, ESPDT and Special Services -



Please use the links provided above or visit the Local Events section on our website to log in at the time of the meeting.

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 7 AM-7 PM.

<p>Region 3 Behavioral Health Providers</p> <p>All Regions Community Mental Health Centers</p>		<p>Dustin Johnson Network Manager 502-648-6526 Johnsond38@aetna.com</p>
 <p>Region 5, 6, & 7 Behavioral Health Providers</p>		<p>Holly Smith Network Relationship Manager 815-641-7411 Smithh3@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 Relationship Manager 606-401-1573 Ashers@aetna.com</p>
<p>Supporting Kentucky Youth, SKY Liaison</p>		<p>Michelle Marrs Network Relationship Manager, SKY Program 859-221-4737 MarrsM@Aetna.com</p>

<p>Regions 1 Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, McCracken</p> <p>Regions 2 Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster</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 Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington Norton Healthcare System</p> <p>University of Kentucky System</p>		<p>Trista Gibson Network Manager 606-305-2705 GibsonT1@aetna.com</p>
<p>Region 3B Jefferson County</p>		<p>Connie Edelen Network Relationship Manager 502-240-2122 Czedelen@aetna.com</p>
 <p>Region 4 Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne</p> <p>Providers in the state of Tennessee</p>		<p>Abbi Wilson Network Manager 270-816-0893 Wilsona8@aetna.com</p>
<p>Region 5A Anderson, Bourbon, Fayette, Franklin, Harrison, Jessamine, Mercer, Nicholas, Owen, Scott, Woodford</p> <p>Baptist Health System</p>		<p>Cristy Sheppard Network Manager 502-263-8420 SheppardC1@aetna.com</p>
 <p>Region 5B Boyle, Clark, Estill, Garrard, Jackson, Lincoln, Madison, Montgomery, Powell, Rockcastle</p> <p>All other states excluding: IN, OH, TN, VA, &</p>		<p>Becky Bowman Network Relationship Manager 502-214-0399 BowmanB@aetna.com</p>

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



Jacquelyne 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

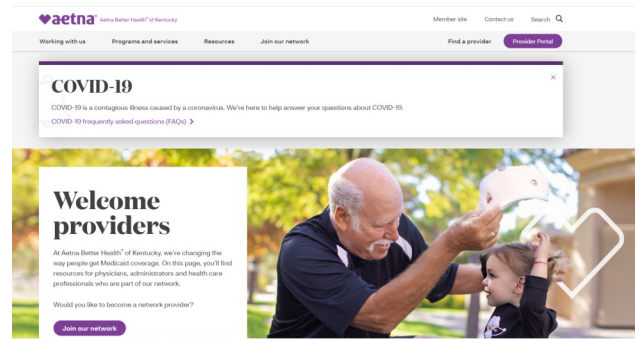
Krystal Risner
Network Relationship
Manager
606-687-0310
Risnerk@aetna.com

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.



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. The following information can be obtained from the Secure Provider Portal:

- Member Eligibility Search
- Panel Roster
- Provider List
- Claims Status Search

Access the Portal:

<https://www.aetnabetterhealth.com/kentucky/providers/portal>

