

# Aetna Better Health of West Virginia

## Mountain Health Promise

### Provider FAQs

#### Provider Relations

1. What are the reimbursement rates Aetna will pay for services provided MHP members?
  - a. Aetna Better Health of West Virginia will reimburse participating network providers 100% of the prevailing Medicaid rate for covered / authorized services rendered to eligible Plan members. Refer to your Aetna Better Health of West Virginia provider contract, Service and Rates section for further detail regarding your reimbursement rates
2. For services provided in a residential facility, will Aetna reimburse for both room and board expenses and treatment services?
  - a. Aetna Better Health of West Virginia is only billed for the treatment services that are rendered to members in Residential facilities. The Room and Board charges are still billed to the State.
3. Do all claims get billed to Aetna Better Health of WV now?
  - a. For services rendered on March 1 and after, the claims come to Aetna. Services rendered prior to March 1 should go to the State.
4. How can I submit my claims to Aetna?
  - a. Providers may submit claims electronically or by paper.
    - Electronic Submission
      - Payer ID # 128WV
      - Change Healthcare is ABH of WV's Clearinghouse
    - Paper Claims are to be Submitted to:
      - Aetna Better Health of WV, PO Box 67450, Phoenix, AZ 85082-7450
5. Is there a timely filing requirement established by Aetna?
  - a. Timely filing for an initial clean claim is 365 days from DOS. Timely filing for corrected claims or documents requested for review is 120 days from the original remittance date
6. If a provider elects to dispute a denied claim decision, what is required?
  - a. Claim reconsiderations must be submitted with copy of claim and medical records to the claims address above with the reconsideration form, or cover letter stating it is a reconsideration
7. Are referrals limited to only those residential facilities that are "in-network" or may a referral be made to a non-network out of state facility?
  - a. In so far as possible referrals should be directed to in network providers. In the event the service cannot be offered by an in-network provider an out of network provider can be considered. If you are aware of a provider that is not in the Aetna

network, please contact our Provider Relations Department. Provider Relations will contact that provider about becoming a network provider.

8. How long does it take for a new provider to be certified as an Aetna participating provider?
  - a. It can take up to 90 days, depending on whether the provider/practitioner needs credentialing or not.

### **Clinical Management / Prior Authorization**

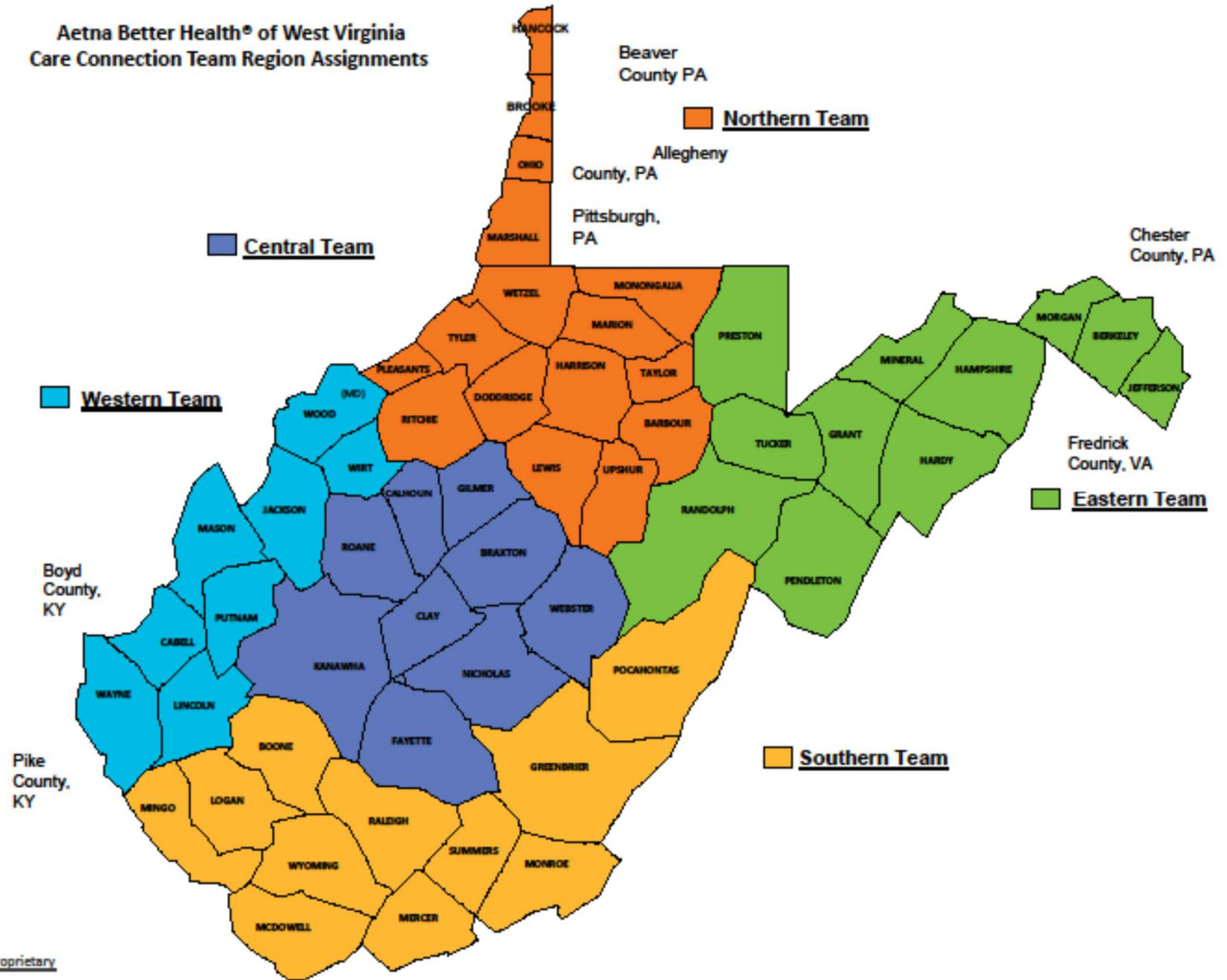
1. How will file audits work? Will Aetna be doing them instead of DHHR?
  - a. File audits will continue pursuant to current state policy. Audits will be conducted consistent with existing state established processes. Aetna will not be conducting these audits.
2. Will Aetna honor prior authorization requests submitted prior to March 1 or will a new authorization request be required?
  - a. All authorizations approved (prior to 3/1/2020) will be honored for 90 days from the date of the authorization. Authorization requests submitted after March 1 should be submitted to Aetna
3. Are pharmacy benefits covered under the MHP program?
  - a. Pharmacy benefits are not covered under MHP. They will continue to be administered as they have in the past.
4. Since there is no change in how the Pharmacy benefit will be managed, will Aetna provide any assistance should an issue arise related to a medication required by an MHP member?
  - a. Every MHP member is assigned to a Care Manager. The Care Manager will be available to work with the member and provider as may be necessary to address any medication issue that might arise. Aetna has a staff pharmacist available to confer with our Care Managements staff as may be required.
5. Will providers be able to access member immunization information in the database that is currently in use by the state? Is there any other source that can be accessed to secure this information?
  - a. We have not been advised by the State as to any changes in its immunization data base. However, providers will be able to access immunization information via Aetna's Family Connect.
6. What processes are in place to ensure information entered in Family Connect is complete and timely?
  - a. Aetna will be loading the information in to Family Connect such as claims and authorizations
7. How will information offered by an MHP member be shared with other members of the treatment team?
  - a. You will continue to engage /communicate with members of the treatment team as you have in the past. In addition, there will be an Aetna Case Manager that will be working with the member, yourself and other members of the treatment team to coordinate the care any member may require. Care plans will be maintained on Family Connect and can be accessed by all team members.

8. What process should be used in the event a child needs to be referred to an out of state facility?
  - a. In so far as possible referrals should be directed to in network providers. In the event the service cannot be offered by an in-network provider an out of network provider can be considered. Requests for out of state residential placements will require prior authorization. Request are to be submitted to our Prior Authorization department. If you are aware of a provider that is not in the Aetna network, please contact our Provider Relations Department. Provider Relations will contact that provider about becoming a network provider.
9. Is there a document that reports contact information for my Care Management and Provider Relations representatives?
  - a. Attached are three maps for your reference. List of supervisors (Medical Management Contacts V2\_), CM Regional Map (CCT Region map), Regional Provider Relations
10. What review criteria will Aetna utilize for assessing the need for residential services?
  - a. Aetna will utilize the State's current criteria when assessing the medical necessity for residential services.
11. What time span will a prior authorization cover for residential services?
  - a. Initial and subsequent approval will be for 90 days for Levels I-III and 30 days for Level IV
12. Can providers utilize the Care Connection form and process for submitting a prior authorization request?
  - a. The Care Connection form will not be an option at this time, requests need to be submitted via phone or fax. Aetna has developed an alternative request form. A copy has been attached.
13. How can I submit a prior authorization request?
  - a. Requests may be submitted by phone or fax: Phone: 1-844-835-4930: FAX: 1-866-366-7008
14. How can I check on the status of a prior authorization request?
  - a. Providers are encouraged to utilize the Aetna Provider Portal to view the status of an authorization request. Claims status information can be accessed from the Portal as well. Please contact your Provider Relations Associate for information regarding the use of the Provider Portal
15. Is a prior authorization request required when the member is directed to the facility via Court Order?
  - a. Yes, a prior authorization request is required when the service is Court Ordered. The request should be submitted the next business day. The request will be considered a standard / not-urgent request
16. Do the prior authorization requirements for MHP differ from requirements related to Aetna's other WV Medicaid lines of business?
  - a. No, the prior authorization requirements are the same

## Membership

1. When are MHP membership cards issued?
  - a. Aetna issues membership cards within 5 days of receipt of the enrollment file from the state.
2. Who receives the MHP Membership card?
  - a. Membership cards are sent to the member's current address provided to us by the State
3. In the event a card is sent to an incorrect address or we receive a card for a member who no longer resides at our facility what are we to do?
  - a. Any ID cards that are returned to us are documented and researched in QNXT, DXC and the CSHCN file for a more current address. If there is a phone number on file, we will make several attempts to contact the member/caregiver to obtain a current address. If all of these efforts fail, the member's information is added to a spreadsheet and submitted to the State for further review.
4. Will MHP cards have the member's PCP noted on the card? How frequently can a member select an alternative PCP?
  - a. MHP ID cards will have the PCP name on the card. MHP members can change their PCP as often as they like.
5. How can I verify a person's MHP program eligibility?
  - a. Providers will have access to look up membership information by calling 1-888-348-2922 or viewing on the provider portal (please contact your Provider Relations Associate for instruction on accessing the portal)
6. Is there a specific number I can call if I have a membership related question?
  - a. Questions related to Aetna MHP membership should be directed to the Member Services Department of Aetna Better Health at 888-348-2922.
7. Several of our foster families have contacted us regarding MHP. Many did not seem to be aware of MHP or Aetna's role in managing the program. What should we advise our families?
  - a. We would recommend that you advise your families to contact Aetna's Member Services Dept. at 888-348-2922 OR visit our website [www.AetnaBetterHealth/WestVirginia.com](http://www.AetnaBetterHealth/WestVirginia.com). Our Member Service staff can respond to individual inquiries
8. In order to protect the privacy rights of the member, what should a provider do with mail addressed to a child residing at a residential facility?
  - a. Mail sent from Aetna Better Health can be returned to us at this address: Aetna Better Health of West Virginia, 500 Virginia Street East Ste 400 / MHP, Charleston, WV 25301
9. What are Aetna's procedural requirements for a child that is AWOL?
  - a. Aetna does not have access to placement records and does not replace the child's CPS caseworker.

Aetna Better Health® of West Virginia  
Care Connection Team Region Assignments



Proprietary

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## **Utilization Management Contacts**

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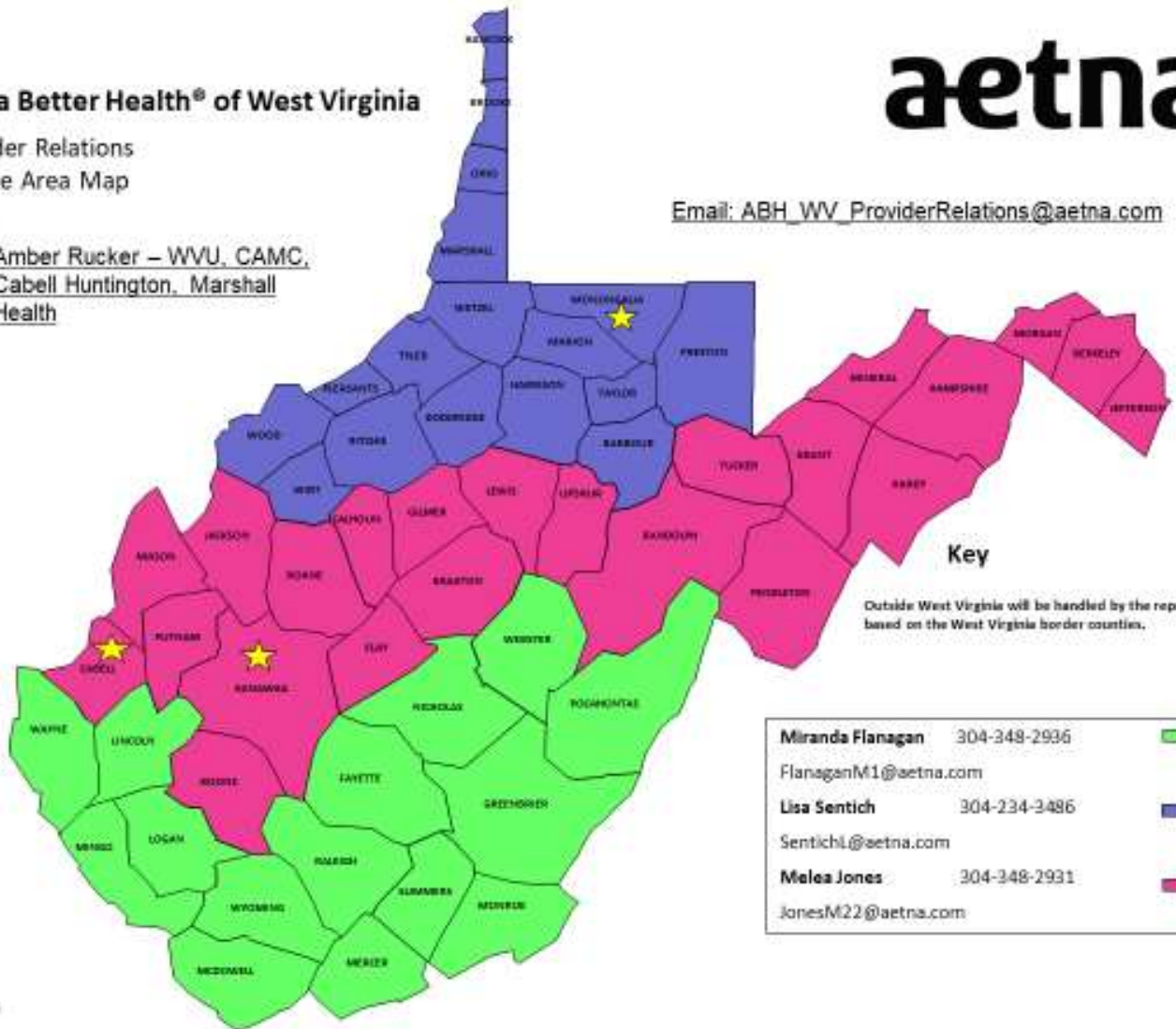
**Aetna Better Health® of West Virginia**

Provider Relations  
Service Area Map



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