



# All MCO Training Aetna Better Health of Kansas




February 2019

# Medicaid Web Portal

Aetnabetterhealth.com/Kansas

Today is Tuesday | 13 May, 2014 | Help



To change the plan [Click here](#)

User name

[I have forgotten my user name](#)

Password

[I have forgotten my password](#)

[Sign In](#)


[Register now as PROVIDER](#) [Register now as MEMBER](#)

### Why register for this secure web portal?

Whether you are a member or provider, you'll find helpful information and resources within this section of our Web site. In a secured environment, you can review your claims or authorizations, validate member eligibility or submit requests. We invite you to register and learn more about what the secure web portal can offer you. If you are already registered, please SIGN IN.

Please register if you are a current provider or member and wish to access your account.

Home | My Account | Tasks | Administration



## AETNA BETTER HEALTH® OF KANSAS

### News feed

In an effort to streamline and refine claims processing and improve claims payment turnaround time, we encourage providers to electronically submit claims. To submit claims electronically, under Resources section, for medical claims, please click on Change Healthcare.

For information on prescription formulary search and updates please click on Formulary Process in the Resources section.

For information on electronic pharmacy prior authorization submission, based on your prior authorization arrangement, please click on Covermyeds or SureScripts in the Resources section.

### Messages

- You have **0 Message(s)** in your Inbox.
- You have **0 Document(s)** in your Posts.

### Contact Us

Questions? We're here to help. Just call Provider Experience Department at 1-855-221-5656, Hearing impaired (TTY/TDD): 711

or Email us at [ProviderExperience\\_KS@AETNA.com](mailto:ProviderExperience_KS@AETNA.com)

You can contact us [click here](#).

### Welcome to your secure benefits center

Welcome to the Aetna Better Health of Kansas secure web portal. This web portal provides you with real-time access to your health plan info. If you need help in using the portal, please click on Help located in the above tool bar.

### Resources

- Centers for Medicare & Medicaid Services(CMS)
- KanCare - Medicaid for Kansas
- Kansas Department of Health and Environment (KDHE)
- Department for Children and Families (DCF)
- Kansas Department for Aging and Disability Services (KDADS)

[Download the latest version of Adobe Acrobat Reader \[click here\]\(#\).](#)

#### My Account

- User Details
- Provider Details
- Change Password
- Change Secret Question
- Inbox
- Attachments
- E-Referral

#### Tasks

- Authorization Search
- Claims Search
- Search Remittances
- Search Members
- Panel Roster
- Search Providers

#### Administration

- User List
- Add Users

#### Health Tools

- PA Requirement Search Tool
- Submit Authorizations
- Case Management
- Register for EFT
- Register for ERA
- Business Intelligence Reports

#### Important Links

- KS 1557 Nondiscrimination Notice
- Authorization Submission User Guide
- FAQ
- Disclaimer
- Sitemap
- Referrals and Authorizations

#### Contact Us

Questions? We're here to help. Just call Provider Experience Department at 1-855-221-5656, Hearing impaired (TTY/TDD): 711 or Email us at [ProviderExperience\\_KS@AETNA.com](mailto:ProviderExperience_KS@AETNA.com) You can contact us [click here](#).

# User Roles and Application Functionality

**Member**



- Search Claims
- Search Authorizations
- Change PCP
- Request ID Card
- Change Member Demographics

**Provider and Provider Admin**



- Search Claims
- Search Authorizations
- Member Eligibility Search
- Panel Roster
- Provider Search
- Remittance Search
- Claim, Authorization and Member Eligibility Issues

**Health Plan users \***



- Add Accounts
- Assign Inbox Roles
- Password Reset
- Enable Account
- Disable Account
- Search Claims
- Search Authorizations
- Member Eligibility Search
- Provider Search
- Remittance Search
- Panel Roster (View of Affiliations)

**Admin \*\***



- Activate / Deactivate portal access
- Invoke self service Password Resets
- Update Portal Role of the providers
- Search, List, Print User Lists by Last name , User ID, or Portal Roles
- Assign Inbox Access
- Compose Messages to Users

\* Includes the following roles: Provider Relation Admin, Member Support Admin

\*\* Includes the following roles: Web Portal Master, HP User Account Management

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# Secure Provider Web Portal

## Search Authorizations

- ❖ Authorization results
- ❖ Display authorization details

Home | My Account | Tasks |

**aetna** Home > Tasks > Search Authorizations > Authorization Results

**About Authorization Search**

This page lists authorization records matching your input criteria. Select the Authorization ID to display the details of the authorization. You can Print or Download the authorizations list using the icon links on the page.

**Search Authorizations**

**Search Results (5)**

Authorization ID	Authorization Header Status	Authorization Type	Member Name	Requesting Provider Name	Servicing Provider Name	Submission Date
13340000000	INPROCESS	Inpatient	[REDACTED]	SHEPHERD, DIRK	CHRIST HOSPITAL	02/17/2013
14006000010	APPROVED	Outpatient	[REDACTED]	SHEPHERD, DIRK	SHEPHERD, DIRK	07/15/2013
14006000018	APPROVED	Outpatient	[REDACTED]	BRANSON, BRUCE	SHEPHERD, DIRK	01/21/2013
14006000007	APPROVED	Outpatient	[REDACTED]	SHEPHERD, DIRK	PIERCE, HENRY	01/10/2013
14006000012	APPROVED	Outpatient	[REDACTED]	SHEPHERD, DIRK	SHEPHERD, DIRK	03/19/2013

Displaying 1 - 5 of 5 results

**Search Tips**

Not able to find the right results? Try again by clicking on 'Search Authorization' bar (in the center of the page) to edit your search criteria.

Home > Tasks > Search Authorizations > Authorization Results > Authorization Details

**aetna**

**About Authorization Details**

This page displays details of a single authorization.

**Tasks**

- Search Authorizations
- Search Claims
- Search Remittances
- Search Members
- Panel Roster
- Search Providers

**Health Tools**

- Submit Authorizations
- Case Management
- PA Requirement Search Tool

**Authorization Details**

**Authorization Information**

Authorization ID	14006000007	Authorization Submission Date	01/06/2014
Authorization Status	APPROVED	Submitted By	99
Authorization Type	Outpatient		

**Member Information**

Member Name	[REDACTED]	Member ID	000890000117
DOB	[REDACTED]	Member Policy Benefit	MyCare Ohio - Medicare
Gender	[REDACTED]	Eligibility Effective Date	04/01/2014
		Eligibility Termination Date	12/31/2078

**Requesting Provider**

Name	SHEPHERD, DIRK	Provider NPI	9999999995	Provider ID	ZZP000000000636
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**Servicing Provider**

Name	PIERCE, HENRY	Provider NPI	1568414290	Provider ID	ZZP0000000001053
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**Medical Indications**

Diagnosis Code	Diagnosis Description
173.41	BASAL CELL CARCINOMA OF SCALP AND SKIN OF NECK

**Service Line Information**

Service Line No.	Service Group	Start Date	End Date	Admit Date	Status	CPT Code	CPT Description	Rev Code	Units
1		01/10/2013	03/11/2013	12/31/2078	APPROVE D	11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.8-1.0 CM		1

Done

Go back to Authorization Search Results

# Secure Provider Web Portal (cont'd)

## Search Claims

- ❖ Claims results
- ❖ Display claims details

Home | My Account | Tasks | Administration

**aetna** Home | Tasks | Search Claims

**About Claims Search**

This page allows you to search for claims. You should refine your search by providing search criteria such as Claim Status, Claim Type, Date Range, etc.

Note: Please select a Provider Name

**Search Claims**

Member/Provider Information

Member Last Name:

Member ID:

Provider Name:

Claim Information

Claim ID:

Claim Type:

Claim Status:

Service Date Range

Date From (mm/dd/yyyy):

Date To (mm/dd/yyyy):

Search Results

Search Tips

Home | My Account | Tasks | Search Claims | Search Claim Results

**aetna** Home | Tasks | Search Claims | Search Claim Results

**About Claims Search**

This page lists claim records matching your input criteria. Select the Claim Number to display the details of the claim. You can Print or Download the claim list using the icon links on the page.

**Search Claims**

**Search Results (20)**

Claim ID	Check No	Claim Type	Member Name	Paid Date	Provider Name	Claim Status	Total Billed Amount	Total Paid
1330500003A 1		Professional	LNAME14, FNAME2		SHEPHERD, DIRK	OPEN	\$250.00	\$38.57
13347E22081 1	12	Professional	LNAME11, FNAME11	12/20/2013	SHEPHERD, DIRK	PAID	\$149.00	\$35.38
13347E22081A 1		Professional	LNAME11, FNAME11	04/09/2014	SHEPHERD, DIRK	PAID	\$149.00	\$98.00
13347E22081A 1	10008	Professional	LNAME11, FNAME11	04/09/2014	SHEPHERD, DIRK	PAID	\$149.00	\$98.00
13347E22081A 1	10015	Professional	LNAME11, FNAME11	04/09/2014	SHEPHERD, DIRK	PAID	\$149.00	\$98.00
13347E22081R 1		Professional	LNAME11, FNAME11		SHEPHERD, DIRK	REV	\$-149.00	\$-35.38
13347E22082 1	12	Professional	LNAME12, FNAME2	12/20/2013	SHEPHERD, DIRK	PAID	\$386.00	\$54.66
13347E22082A 1		Professional	LNAME12, FNAME2	04/09/2014	SHEPHERD, DIRK	PAID	\$386.00	\$156.80
13347E22082A 1	10008	Professional	LNAME12, FNAME2	04/09/2014	SHEPHERD, DIRK	PAID	\$386.00	\$156.80
13347E22082A 1	10015	Professional	LNAME12, FNAME2	04/09/2014	SHEPHERD, DIRK	PAID	\$386.00	\$156.80
13347E22082R 1		Professional	LNAME12, FNAME2		SHEPHERD, DIRK	REV	\$-386.00	\$-54.66
13347E22083 1	19	Professional	LNAME11, FNAME11	12/20/2013	SHEPHERD, DIRK	PAID	\$42.07	\$42.07
13347E22083A 1		Professional	LNAME11, FNAME11	04/09/2014	SHEPHERD, DIRK	PAID	\$42.07	\$400.00

# Secure Provider Web Portal (cont'd)

## Search Remittances

- ❖ Generate a list of paid claims
- ❖ Display detail of paid claim

Home | My Account | Tasks | Administration

Home > Tasks > Remittance Advice Search

**About Remittance Advice Search**

This page allows you to obtain and display remittance advice detail based upon a paid claim. This page allows you to search for (and generate) a list of paid claims.

**Remittance Advice Search**

Note: Please choose any one provider name from Servicing Provider Name

**Member/Provider Information**

Member ID:

Servicing Provider Name:

**Remittance/Claim Information**

Claim ID:

Select Date Range

DOS Date Range  Claim Paid Date Range

Date From (mm/dd/yyyy):

Date To (mm/dd/yyyy):

Search Results

Search Tips

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Home | My Account | Tasks | Administration

Home > Tasks > Remittance Advice Search > Remittance Advice Search Results

**About Remittance Advice Search**

This page lists claim records matching your input criteria. Select the Claim ID to display the details of the Remittance Advice. You can Print or Download the claim list using the icon links on the page.

**Remittance Advice Search**

**Search Results(20)**

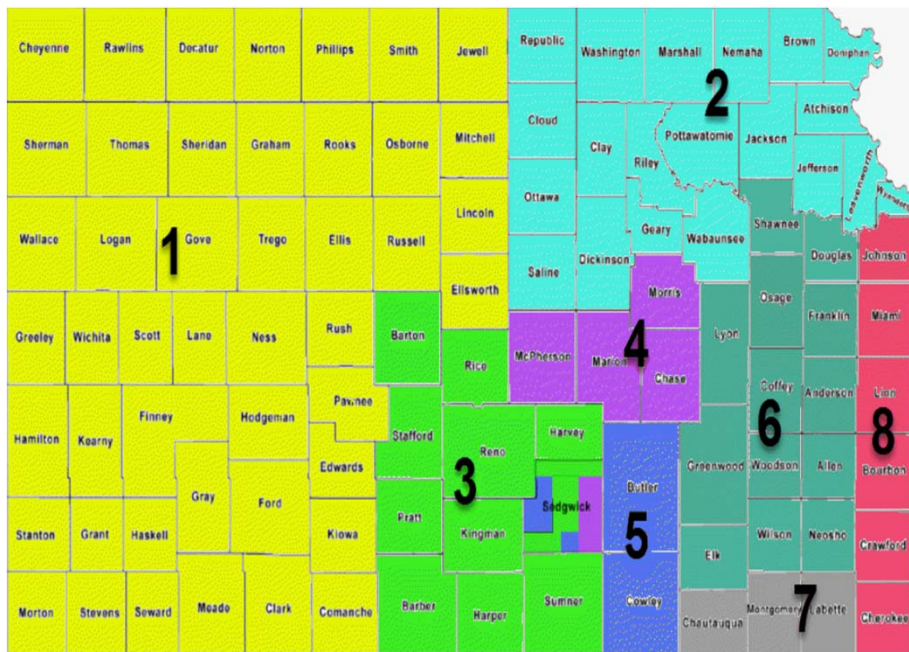
Claim ID	Member Name	Check Number	Paid Date	Total Paid
13347E22081	LNAME11, FNAME11	12	12/20/2013	\$35.38
13347E22081A1	LNAME11, FNAME11		04/09/2014	\$98.00
13347E22081A1	LNAME11, FNAME11	10008	04/09/2014	\$98.00
13347E22081A1	LNAME11, FNAME11	10015	04/09/2014	\$98.00
13347E22082	LNAME12, FNAME2	12	12/20/2013	\$54.66
13347E22082A1	LNAME12, FNAME2		04/09/2014	\$156.80
13347E22082A1	LNAME12, FNAME2	10008	04/09/2014	\$156.80
13347E22082A1	LNAME12, FNAME2	10015	04/09/2014	\$156.80
13347E22083	LNAME11, FNAME11	19	12/20/2013	\$42.07
13347E22083A1	LNAME11, FNAME11		04/09/2014	\$400.00
13347E22083A1	LNAME11, FNAME11	10010	04/09/2014	\$400.00
13347E22083A1	LNAME11, FNAME11	10017	04/09/2014	\$400.00
13347E22083A1	LNAME11, FNAME11		12/20/2013	\$134.50
13347E22084	LNAME11, FNAME11		04/09/2014	\$131.81
13347E22084A1	LNAME11, FNAME11		04/09/2014	\$131.81
13347E22084A1	LNAME11, FNAME11	10008	04/09/2014	\$131.81
13347E22084A1	LNAME11, FNAME11	10015	04/09/2014	\$131.81
13347E22086	LNAME16, FNAME1	12	12/20/2013	\$157.85
13347E22087	LNAME12, FNAME2	19	12/20/2013	\$24.04
13347E22087A1	LNAME12, FNAME2		01/01/2014	\$24.04
13347E22088	LNAME13, FNAME1	19	12/20/2013	\$39.34

Displaying 1 - 20 of 71 results



# Provider Experience

## Provider Experience Territory Map



Region	Name	Phone	Email
1	Jesse Cruz	620-518-0332	<a href="mailto:CruzJ8@aetna.com">CruzJ8@aetna.com</a>
2	Emily Lloyd	785-991-1490	<a href="mailto:lloyde@aetna.com">lloyde@aetna.com</a>
3*	Angela DeJesus	785-596-8152	<a href="mailto:DejesusA3@aetna.com">DejesusA3@aetna.com</a>
4*	TBD	855-221-5656	<a href="mailto:Providorexperience_KS@aetna.com">Providorexperience_KS@aetna.com</a>
5*	Erin Pettera Specialized BH Provider Liaison	785-596-8071	<a href="mailto:PetteraE@aetna.com">PetteraE@aetna.com</a>
6	Nicole Kennedy	785-596-8407	<a href="mailto:kennedyN@aetna.com">kennedyN@aetna.com</a>
7	Angela Cummings HCBS Provider Liaison	620-238-1647	<a href="mailto:CummingsA1@aetna.com">CummingsA1@aetna.com</a>
8	Katie Rohlfling	785-596-8262	<a href="mailto:RohlflingK@aetna.com">RohlflingK@aetna.com</a>

\* Sedgwick County zip code specific, see handout

# Provider Experience (cont'd)

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## Provider Experience Team

1-855-221-5656

Providerexperience\_KS@aetna.com

- ❖ Claims questions and inquiries
- ❖ Review claims or remittance advise
- ❖ Find a participating provider or specialist
- ❖ Assist with provider contracting
- ❖ Provider information on how to update location/address changes via KMAP portal
- ❖ Obtaining a secure web portal ID
- ❖ Schedule trainings
- ❖ Credentialing questions



# Value Added Benefits

## Member value added benefits for 2019

For a complete list, visit our website [www.aetnabetterhealth.com/kansas/members/benefits/value](http://www.aetnabetterhealth.com/kansas/members/benefits/value)

Value- Added Benefits	
Value-Added Benefits	Description
Home Delivered Meals	Members 21 yrs. and older with a medical need who have been discharged from an inpatient stay; up to 2 meals per day for up to 7 days.
GED Certificate Assistance	Members 16 yrs. and older who would like to get their GED certificate will get help through work preparation and attainment programs available.
No Place Like Home Grant	Members in long stay nursing homes for 60 days or more who are moving into HCBS to help with the move.
Healthy Teens Program	Healthy Teens Program offers membership fees of up to \$35 per year paid to join the YMCA, 4-H, Boys and Girls Club, Boy Scouts or Girl Scouts.
Adolescent Checkups	Members aged 13-21 yrs. who get their checkups each year will get a \$25 gift card every year they get a checkup.
Diabetes	Members who have diabetes, ages 21 and older, will receive 2 podiatry visits each year.
Healthy Rewards	Healthy Rewards Incentive program where members can get \$10-\$25 gift cards when they complete wellness activities such as: • Shots • Yearly check ups • Diabetic eye exams
The PROMISE Pregnancy Program	Pregnant members are encouraged to make early and frequent prenatal and postnatal visits. The PROMISE Pregnancy Program includes:  • Gift Card Rewards for visits (up to \$30) • Gift Card Rewards for valuable baby equipment, such as a stroller, portable crib, play yard, car seat, diaper-and-wipe package for completing pre and postnatal visits (up to \$150) • Text4babySM texting health program
Additional Transportation Services	Free rides for members going to the pharmacy, WIC eligibility appointments and prenatal classes. Ten round trips per year for members going to job interviews, job training, shopping for work type clothing, food bank or grocery store for food and getting community health services otherwise not covered.

# Medical Management

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**Service Coordination** – Our Service Coordination Department provides support to members based on each individual’s risks and unmet needs. Service Coordinators work with the member, member’s family, PPC, psychiatrist, substance abuse counselor or another healthcare team member to achieve a quality-focused, cost-effective care plan.

Service Coordination programs include, but are not limited to:

- Pregnancy outreach and high-risk OB
- Special Health care needs
- Behavioral health/substance abuse

**Chronic Condition Management**- Our chronic condition management programs help member manage specific conditions. We assist with regular communications, targeted outreach and support, and focused education.

The conditions in our program include diabetes, asthma, heart failure, sickle cell anemia, hepatitis C, obesity and HIV/AIDS.

You may have concerns about one of your patients. We can help coordinate many needed services. **Call 1-855-221-5656 and ask for the Service Coordination Department**

**Quality Management** – ABH of KS maintains quality management (QM) through a Quality Assessment and Performance improvement(QAP) program. This involves multiple organizational components and committees. The primary goal of the QM program is to improve the health status of members or maintain current health status when the member’s condition is not amenable to improvements

# Early Claim Denial Trends

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- **Claims missing Other Insurance EOB information**

- Patient/Member claims with other insurance must include the primary payor's EOB
- Paper claims and the primary EOB can be mailed to:

**Aetna Better Health of Kansas**

**P.O. Box 61838**

**Phoenix, AZ 85082-7540**

- Electronic claims must be billed with the appropriate COB information
  - Through Electronic Clearinghouse **Payer ID's: 128KS** (Claim Submission) and **ABHKS** (Real-Time)
  - 837I – Institutional Claims and 837P – Professional Claims must include completion of the appropriate segments and loops, including
    - COB Paid Amount
    - COB Non Covered Amount
    - COB Remaining Patient Liability
    - COB Patient Paid Amount
    - COB Patient Paid Amount Estimated
    - COB Claim Adjudication Date
    - COB Claim Adjustment Indicator

# Early Claim Denial Trends

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- **Duplicates**

- All MCO's have up to 30 days to process claims; more frequent submission of claims may result in delays and additional remittance reconciliation for provider billing offices
- Providers can check the status of a submitted claim by
  - Contacting our Provider Experience Team at (855) 221-5656 (TTY: 711)
  - Checking the Status of your claims through our Secure Provider Web Portal
- Correcting Claims
  - To avoid Duplicate denials, ensure you are correcting claims using the correct method;
  - UB-04
    - EDI: FIELD CLM05-3 = 7 *and* REF\*F8 = Must contain the original claim number from the EOP
    - Paper: Box 4 must contain a Bill Type '0XX7' *and* the original claim number in Box 64
  - CMS 1500
    - EDI: FIELD CLM05-3 = 7 *and* REF\*F8 = Must contain the original claim number from the EOP
    - Paper: Box 22 must include resubmission code '7' *and* the original claim number from the EOP

# Early Claim Denial Trends

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- **Member Not Eligible**
- Providers should always verify eligibility before providing services to avoid unnecessary delays and denials.
- Providers can verify eligibility by:
  - Contacting our Provider Experience / Member Services Team at (855) 221-5656 (TTY: 711)
  - Verifying Eligibility on KMAP
  - Verifying Eligibility through our Secure Provider Web Portal

# Early Claim Denial Trends

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- **No Authorization**

- During Transition of Care (TOC) Non Par providers do not need to obtain an authorization for routine services, however all Providers are required to follow our Prior Authorization Guidelines
- Prior Authorization Requests can be submitted to Aetna Better Health of Kansas by Fax (855) 225-4102
- Obtain Aetna Better Health of Kansas authorization requirements, along with contact information for our Vision, Dental, Transportation, Pain Management, Radiology Management and Pharmacy partners
  - Visiting the Online Provider Authorization Search Tool  
<https://www.aetnabetterhealth.com/kansas/providers/authorization-search>
  - **Skygen** for **dental** services. Please contact Skygen for prior authorization and benefit information by calling **1-855-918-2256** or visit <https://skygenusa.com/user-login/Dentists/Provider-Web-Portals.htm>
  - **Skygen** for **vision** services. Please contact Skygen for prior authorization and benefit information by calling **1-855-918-2258** or visit <https://ocularbenefitsspwp.wonderboxsystem.com>
  - **eviCore Healthcare** for Musculoskeletal (pain management), Radiology Management (includes advanced imaging such as CT, MRI, MRA). Please submit your prior authorization request directly to eviCore at [www.eviCore.com](http://www.eviCore.com) Or you may call eviCore at **1-888-693-3211** or Fax **1-844-822-3892**
  - Pharmacy prior auth phone number: **1-855-221-5656**

# Early Claim Denial Trends

- **No Authorization**

- To determine if prior authorization (PA) is required, enter **up to six** Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes or a CPT group and select SEARCH
- PA requirement results are valid as of the current date only. Future changes to CPT or Healthcare Common Procedure Coding System (HCPCS) codes that require PA will be communicated by Aetna Better Health in writing and on the home page of Aetna Better Health’s secure web portal.
- Search results, as well as, authorization are not a guarantee of claim payment.

Enter CPT or HCPCS Code(s)

99391 90471

OR Select CPT Group:

Include only CPT or HCPCS codes where PA is required?

NOTE: When selecting by CPT group, the results displayed include CPT codes where PA requirements are both Yes and No, as specified on the PA List. To reduce the list of CPT or HCPCS codes to only those requiring PA, please check the box labelled "Include only CPT or HCPCS codes where PA is required?".

Search Clear Export

CPT Code	CPT Description	CPT Group	PA Required?	Variance Detail	Svc Partner Detail
99391	PER PM REEVAL EST PAT INFANT	E & M - PREVENTIVE MEDICINE SE	NO		
90471	IMMUNIZATION ADMIN	MEDICINE - IMMUNIZATION ADMINI	NO		

# Contact Us

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For more information visit our website:

[www.aetnabetterhealth.com/kansas](http://www.aetnabetterhealth.com/kansas)

## Provider Experience

1-855-221-5656

Providerexperience\_KS@aetna.com

**Or contact your assigned Provider Experience Liaison**



# QUESTIONS

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