

Aetna policy statement

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A healthcare provider in a white lab coat is examining a patient's ear with an otoscope. The patient is looking up and to the side. The background is slightly blurred, showing what appears to be a clinical setting.

New Provider Orientation

2026



Aetna Better Health[®]
of Kentucky

WELCOME to Aetna Better Health of Kentucky

Aetna Better Health of Kentucky (ABHKY) serves Kentuckians and partners with health systems, providers, FQHCs and community resources to bring quality healthcare to the state through our experience and dedication in providing quality care to Medicaid populations.

Our Plan is led by our CEO, Chris Lindy. Members of the Aetna Better of Kentucky team are based within the state to better serve the healthcare community and its members. Aetna Better Health of Kentucky supports our healthcare partners through interactive onboarding, virtual and in-person ongoing education, value-based contracting opportunities, enhanced secure provider portal, and claims management assistance. Additionally, we provide useful resources and tools to help ease the administrative burden.

Together, we collaborate on a healthier future for your patients, our members.



Find your local health plan

If you are a member, provider or caregiver looking for information about a specific Medicaid plan, start by choosing your state.

Medicaid plans (A to M)

- Arizona - Mercy Care
- Florida
- Illinois
- Kentucky
- Louisiana
- Maryland
- Michigan

Medicaid plans (N to W)

- New Jersey
- New York
- Ohio - OhioRISE
- Oklahoma
- Pennsylvania
- Texas
- Virginia
- West Virginia

Medicare-Medicaid plans

- Illinois (Medicare-Medicaid plan)
- Michigan (Medicare-Medicaid plan)
- New Jersey (Medicare-Medicaid plan)
- Ohio (Medicare-Medicaid plan)
- Virginia (Medicare-Medicaid plan)



National Experience Local Impact

- Aetna Better Health is proud to be part of the CVS Health® family. Together, we share a vision to be a trusted health partner in the local communities we serve. We go beyond offering a traditional medical approach by providing a full array of services that enhance overall wellness and improve everyday life. Because our goal is to build a better health experience that's responsive to the needs of our members.
- We invite you to explore all Aetna Better Health has to offer and see how our national experience comes to life at the local level.
- At Aetna Better Health, we believe in improving every life we touch as good stewards to those we serve.
 - We provide services for over 214,000 members here in Kentucky in all 8 regions.

Agenda



- **Member Eligibility**
- **Rights & Responsibilities**
- **Member ID Card**
- **Bonus Benefits**
- **Value-Based Services**
- **Covered Services**
- **Cultural Competency**
- **Special Programs**
- **Prior Authorization**
- **Website**

Provider Manual

Practice Guidelines

Availity

Claims Submission

Corrected Claims

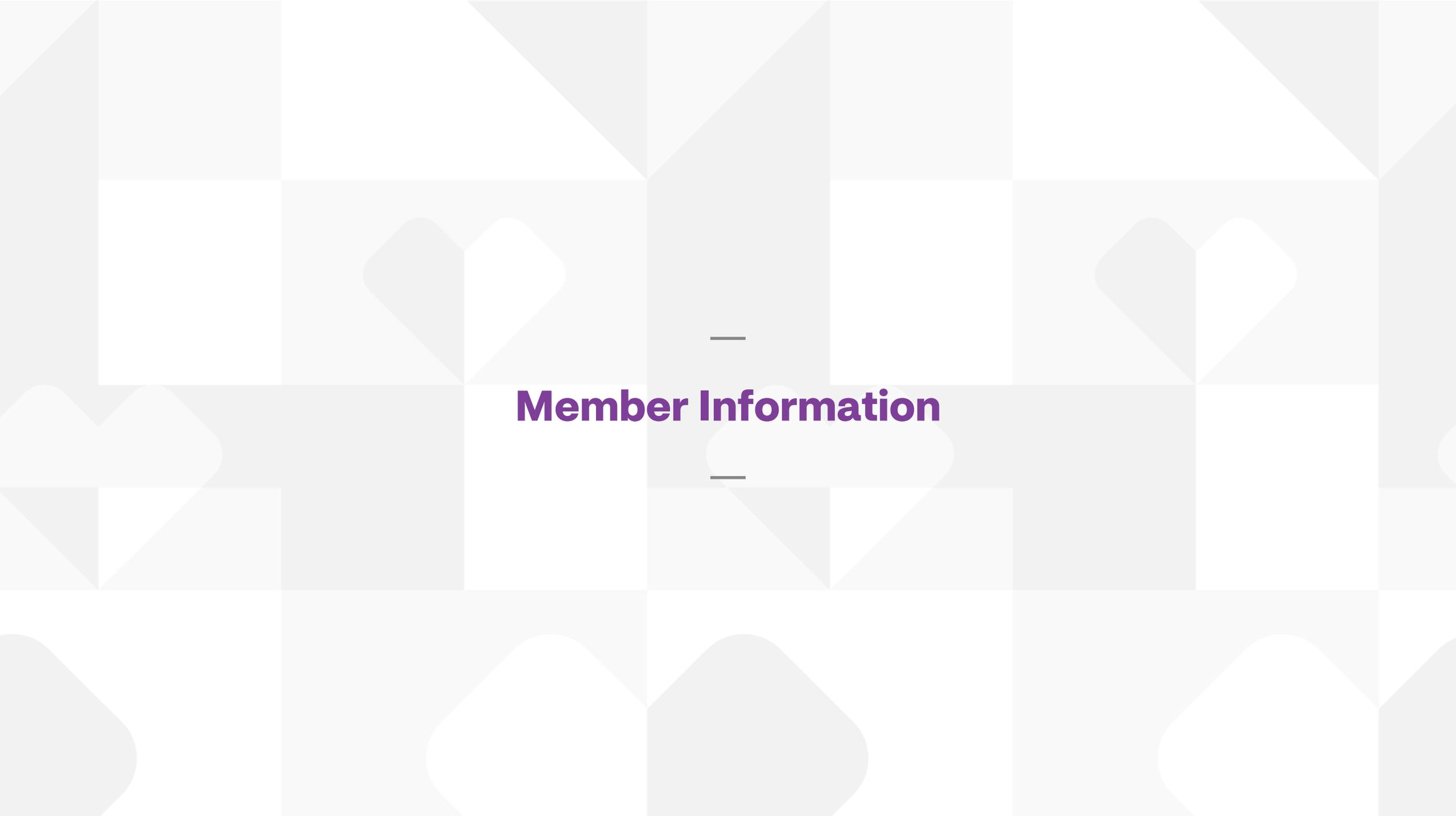
Remittance Advice

Grievance & Appeals

Quality HEDIS

Fraud, Waste and Abuse

SKY



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Member Information

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Cultural Competency

What is it?

Our way to improve patient health and build healthy communities by assisting providers with recognizing and addressing the unique culture, language, and health literacy of diverse patients and communities.

Members are to receive covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information or medical history, ability to pay, or ability to speak English.

Aetna Better Health of Kentucky expects providers to treat all members with dignity and respect as required by federal law, including honoring members' beliefs, being sensitive to cultural diversity, and fostering respect for members' cultural backgrounds.

Further information can be found in the provider manual.

[CVS Health You Tube Channel](#)

<https://thinkculturalhealth.hhs.gov/>

What is health equity?

Our health equity definition:
Everyone has a fair and just opportunity to be as healthy as possible.

We must remember that achieving health equity means understanding the root causes of inequities.



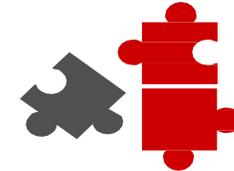
Fair and just

Regardless of race, ethnicity, gender, sexual orientation, gender identity, preferred language, religion, geography, income, or disability status.



Healthy

A complete state of physical, mental, and social well-being that is impacted by clinical and non-clinical drivers of health, including access to quality health care, education, housing, transportation, and jobs.



Recognition of Racism and Discrimination

Key drivers of health outcomes, and the importance of working with communities to remove barriers to health.

Health Equity & Social Determinants of Health

Health Equity is the Goal



Everyone has a fair and just opportunity to be as healthy as possible.

Social Determinants of Health are Contributing Factors

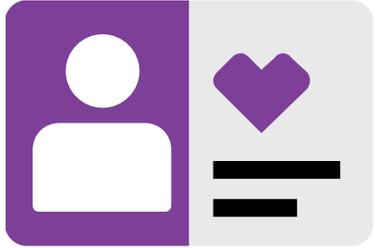


The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.



Health Equity & SDoH are closely related concepts, but they are not the same. Health Equity is the goal, and SDoH are factors that influence whether we achieve that goal.

Member Information



Eligibility

- Eligibility for Kentucky's Medicaid program is determined by the Department for Community Based Services (DCBS) in the county in which the member resides.
- The Department for Medicaid Services (DMS) provides eligibility information to ABHKY daily.
- Eligibility begins on the first day of each calendar month when the member joins.
- For more information on Medicaid assistance, refer to the Kentucky Department for Medicaid Services at <http://chfs.ky.gov/dms/>.

Rights and Responsibilities

- To be provided with information about the plan and its services, including Covered Services.
- To participate in decision making regarding their own health care, including the right to refuse treatment.
- Give their health care provider all the information they need.
- Ask for more information if they do not understand their care or health condition.
- Have the availability of language-designated materials, hearing-impaired interpreter and sign language services.

** A complete list of Member Rights and Responsibilities can be found in the Provider Manual*

Anti-Discrimination

Americans with Disabilities Act (ADA)

It is our policy **not to discriminate against members based on:**

- Race
- National Origin
- Creed
- Color
- Age
- Gender/Gender Identity
- Sexual Preference
- Religion
- Health Status
- Physical/Mental Disability
- Other Basis Prohibited by Law

If we are made aware of an issue with a member not receiving the rights as identified above, we will initiate an investigation into the matter and report the findings to the Quality Management Committee. Further action may be taken.

The **ADA** gives civil rights protections to individuals with disabilities like those provided to individuals based on:

- Race
- National Origin
- Creed
- Sexual Preference
- Religion
- Age
- Physical/Mental Disability
- Color
- Gender/Gender Identity

The ADA guarantees equal opportunity for individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public.



Member Services

Overview

ABHKY Member Services Department is available to:

- Answer questions about members' health and covered services
- Direction on Value Added Benefits
- Help choose primary care provider (PCP)
- Tell member where to get needed care
- Offer interpreter services if primary language is not English
- Offer information in other languages/formats
- Assist with access and questions regarding the Member Web Portal
- Connect to any department for additional care or direction



If you need help, call our Member Services Line at 1-855-300-5528, Monday – Friday 7am – 7pm.

You can also visit us online any time at aetnabetterhealth.com/Kentucky.

Language Services

If a member's primary language is not English or they have a hearing impairment, we'll help get interpreter services. This service is free. Aetna Better Health provides telephonic interpretation services through Language Line and will provide face-to-face interpretation services upon request.

Aetna Better Health also uses the 711-relay service for members that use a TDD/TTY device for hearing and speech impaired members.

We provide interpreter services free of charge during any service or grievance process. This includes American Sign Language and real-time oral interpretation.

We also provide materials in other formats, like braille, audio CD, or large print.

Language Services can be accessed via Member Services at 1-855-300-5528 (TTY 711)

- **Interpretation (Face to Face)**
 - Nationwide network of qualified interpreters offering interpretation in 15+ languages, including American Sign Language (ASL)
- **Interpretation (Over the Phone)**
 - Access to interpreters supporting 200+ languages via telephone

Additional Resources:

Interpreter Quality Standards Guidance

<https://www.ncihc.org/assets/z2021Images/NCIHC%20National%20Standards%20of%20Practice.pdf>

Office for Civil Rights

<https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>



Member ID Cards

Aetna Better Health® of Kentucky 

Name _____ Sex _____
 Date of Birth _____
 Member ID/State Medicaid ID# _____
 PCP _____
 PCP Phone _____ Effective Date _____

RxBIN: 023880 RxCPCN: KYPROD1 RxGRP: KYM01 

AetnaBetterHealth.com/Kentucky 

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MEKYMED1B

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Aetna Better Health® of Kentucky 

Name _____ Sex _____
 Date of Birth _____
 Member ID/State Medicaid ID# _____
 PCP _____
 PCP Phone _____ Effective Date _____
 Dental PCP _____
 Dental PCP Phone _____

RxBIN: 023880 RxCPCN: KYPROD1 RxGRP: KYM01 

AetnaBetterHealth.com/Kentucky 

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. KYA

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Each eligible family member receives their own Aetna Better Health of Kentucky member ID card. The member ID card tells the provider who is the ABHKY member. Providers should ask to see cards at each visit.

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In case of an emergency go to the nearest emergency room or call 911.

IMPORTANT NUMBERS FOR MEMBERS

Member Services	1-855-300-5528 (TTY users 711)
Behavioral Health	1-888-604-6106
24 Hour Nurse Line	1-855-620-3924

IMPORTANT NUMBERS FOR PROVIDERS

Eligibility	1-855-300-5528
Authorization	1-888-725-4969

PHARMACY SUPPORT FROM MEDIMPACT

24/7 Provider Assistance	1-800-210-7628
Member Assistance	1-800-210-7628
Prior Authorization Assistance	Mon-Fri 8AM - 7PM EST 1-844-336-2676 Mon-Fri 8AM - 7PM EST

Submit claims to
 PO Box 65195, Phoenix, AZ 85082-5195
 Payer ID 128KY 

KYMED1B

Value Added or Bonus Benefits



Over-the-Counter Benefit



Monitor Your Blood Pressure at Home



24-hour Informed Health Line



Meal delivery for qualified members



Aetna Better Cares Rewards



Maternity Matters Program



Remote Patient Monitoring Programs



“Keeping Kids Safe” Opioid Lockbox Program



Aetna Better Choices Programs



Support services to assist with transportation, food, and education

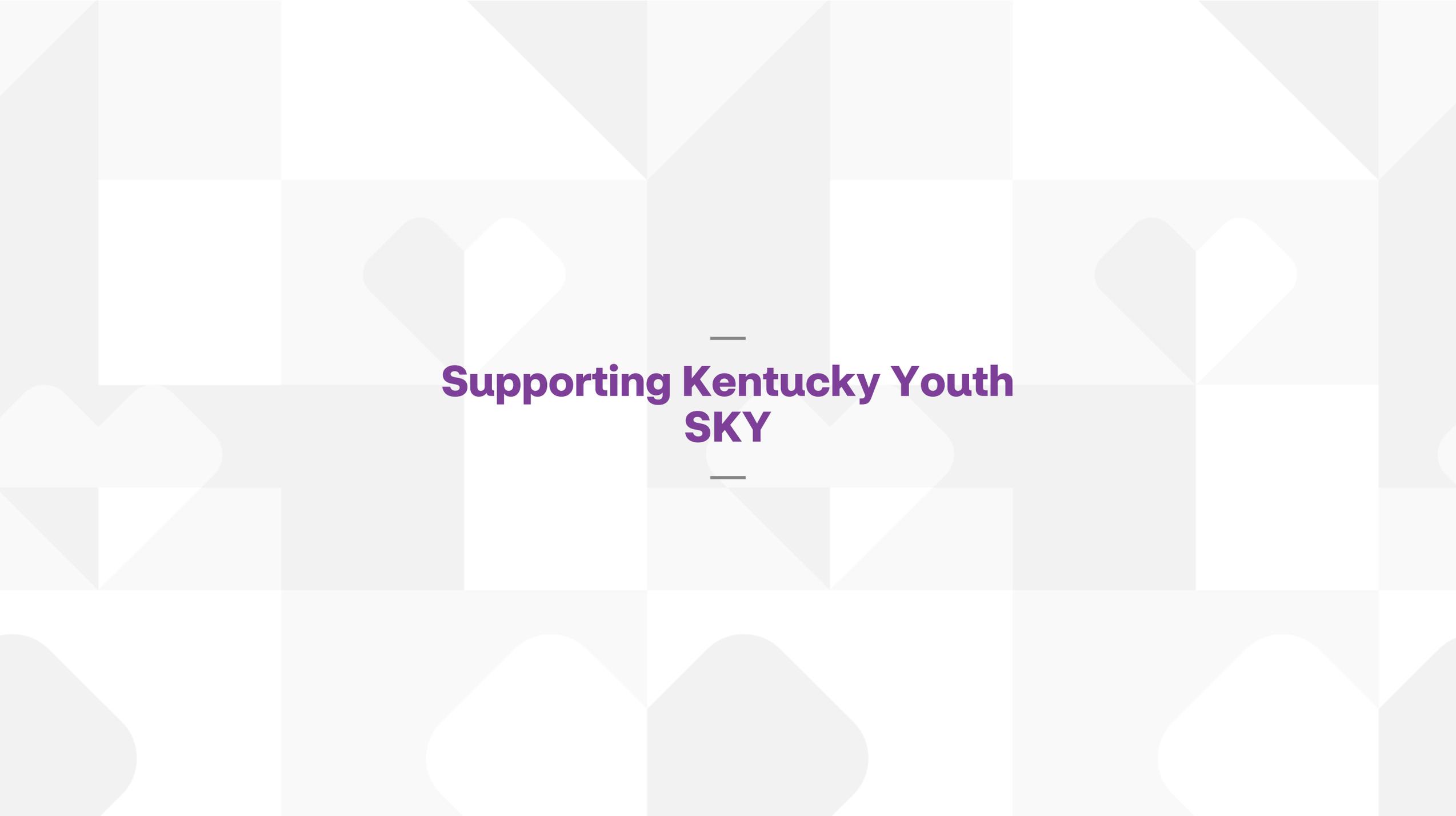


GED Certification and Job Skills Training



Aetna Better Health Mobile App

Please see member handbook for additional details



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**Supporting Kentucky Youth
SKY**
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What is SKY?

Aetna Better Health of Kentucky was selected to manage the state's Supporting Kentucky Youth program, also known as SKY.

This means that children and youth enrolled in SKY will all receive their Medicaid coverage through Aetna.

In addition to covering Medicaid benefits, SKY will provide a high touch approach to care management. This will help families navigate the system and make it easier to get resources they need.



SKY Enrollment



- Children and youth in foster care
- Children and youth in Juvenile Justice who are Medicaid eligible
- Children and youth placed in kinship/fictive kin care
- Children and youth dually committed to DCBS and DJJ
- Children and youth who are receiving interstate adoption assistance
- Children and youth 18 and under who are eligible due to being in an out of state relative placement
- Adoption assistance children and youth
- Former foster youth
- Specialized Permanent Custody (relatives raising relatives)
- CAA qualifying children and youth

*Enrollment exclusions include Supports for Community Living and Waiver Programs

System Transformation



Mutual Support



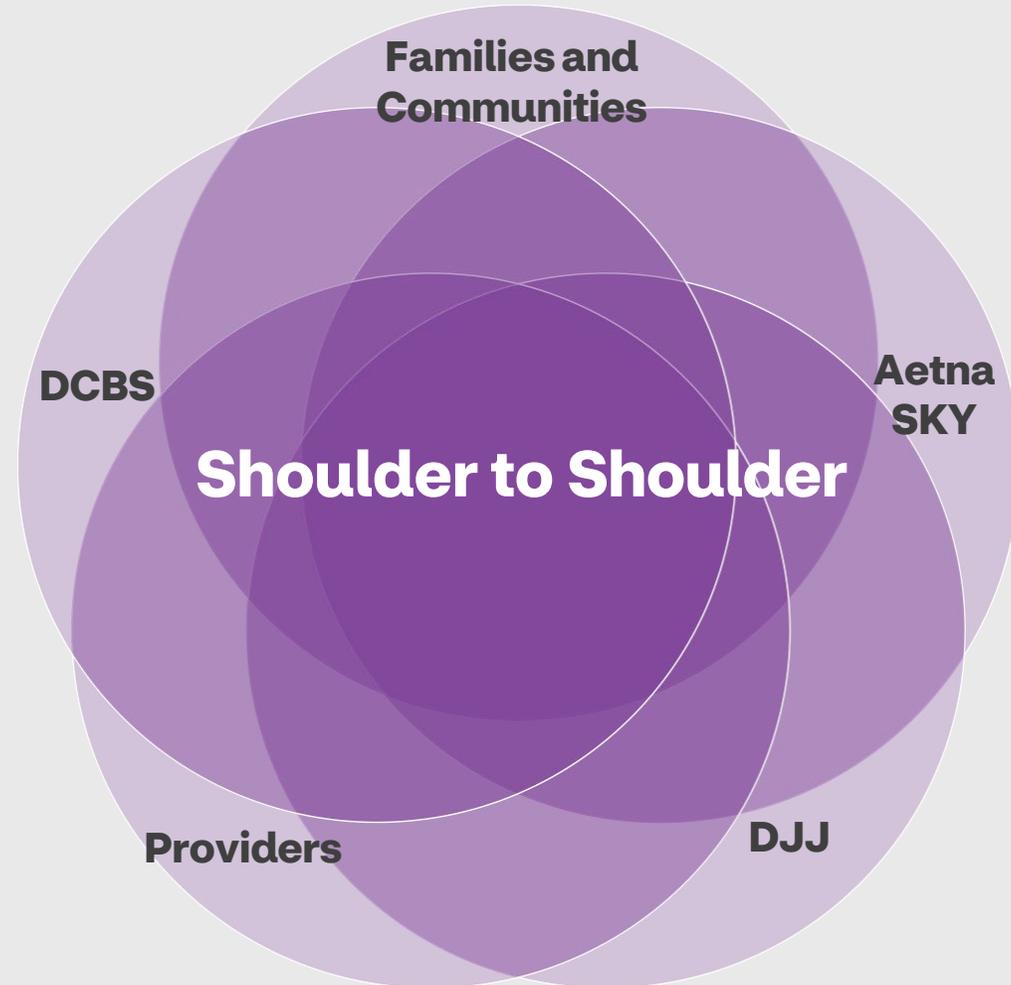
Subject Matter Expertise



Navigation of System Barriers



Family and Community Health and Wellness

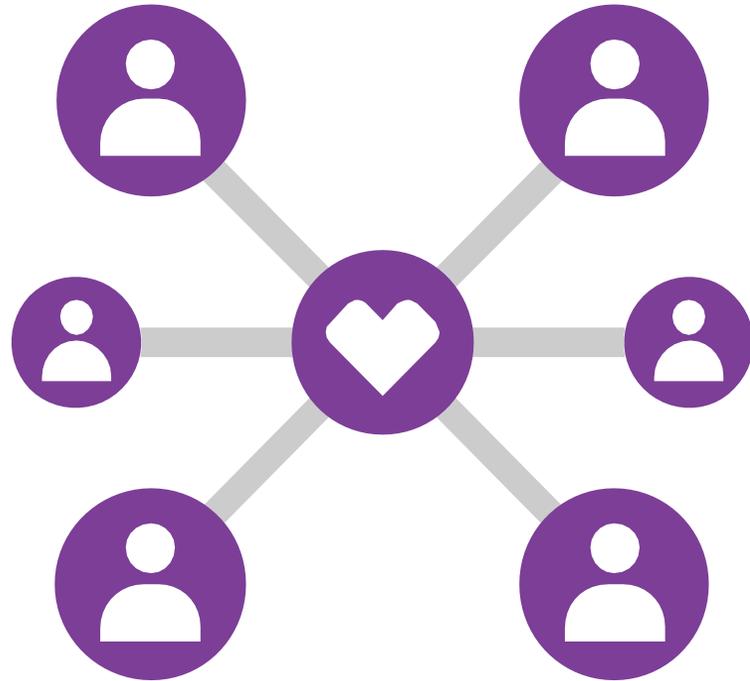




SKY Program Goals

- Reduce the number of children being removed from biological parents due to neglect through improved identification of children at risk for foster placement and provide early intervention and prevention
- Return children from long-term out-of-home placements to their families, specifically those children placed out of state and/or residential care
- Ensure that older foster youth have permanency plans that include lifelong connections with biological relatives and other important, informal relationships
- Each child in supportive or intensive levels of care management has a care plan incorporating the LifeCourse model with at least 2 community-based resources which addresses unmet needs across multiple life domains.

Enhanced Care Coordination

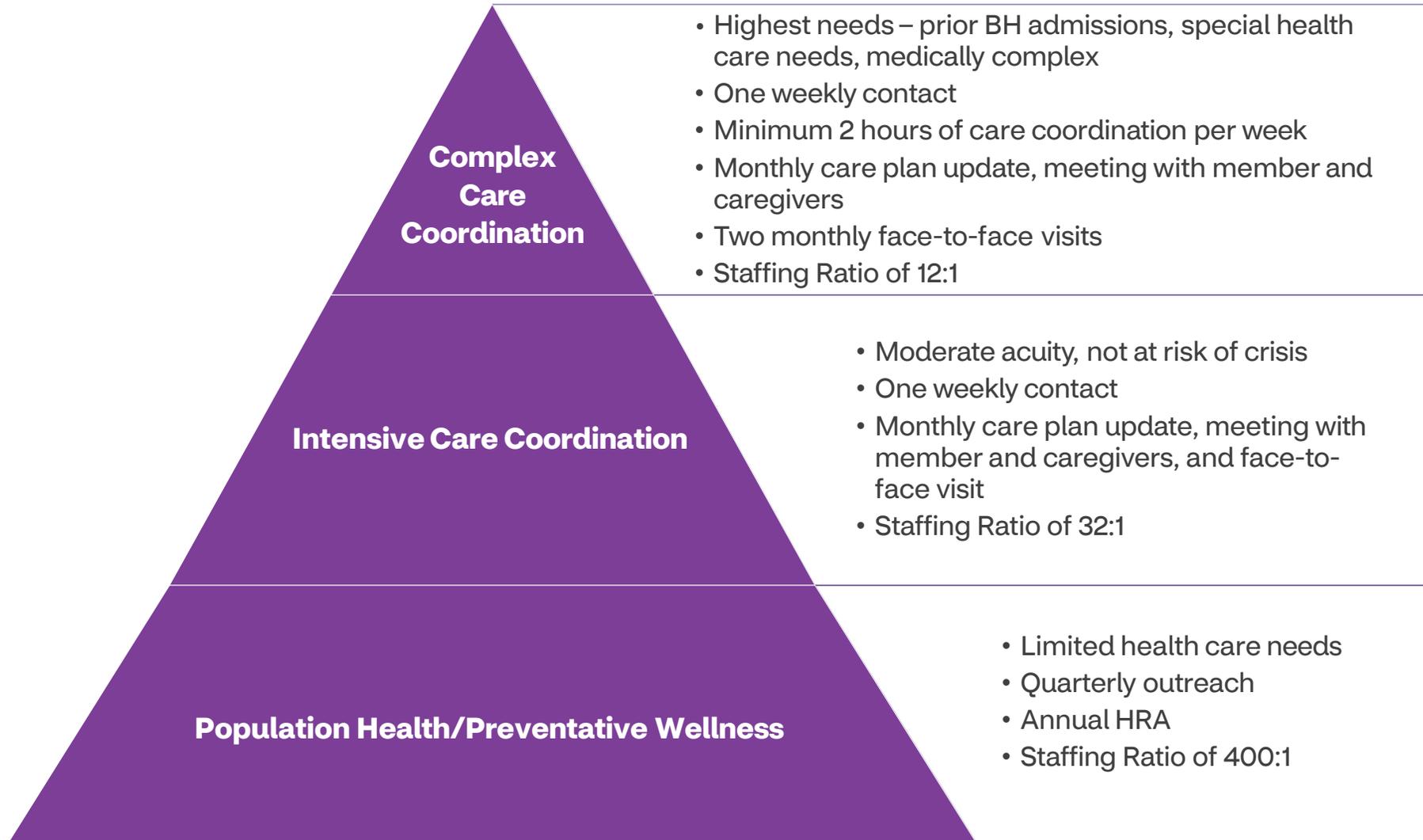


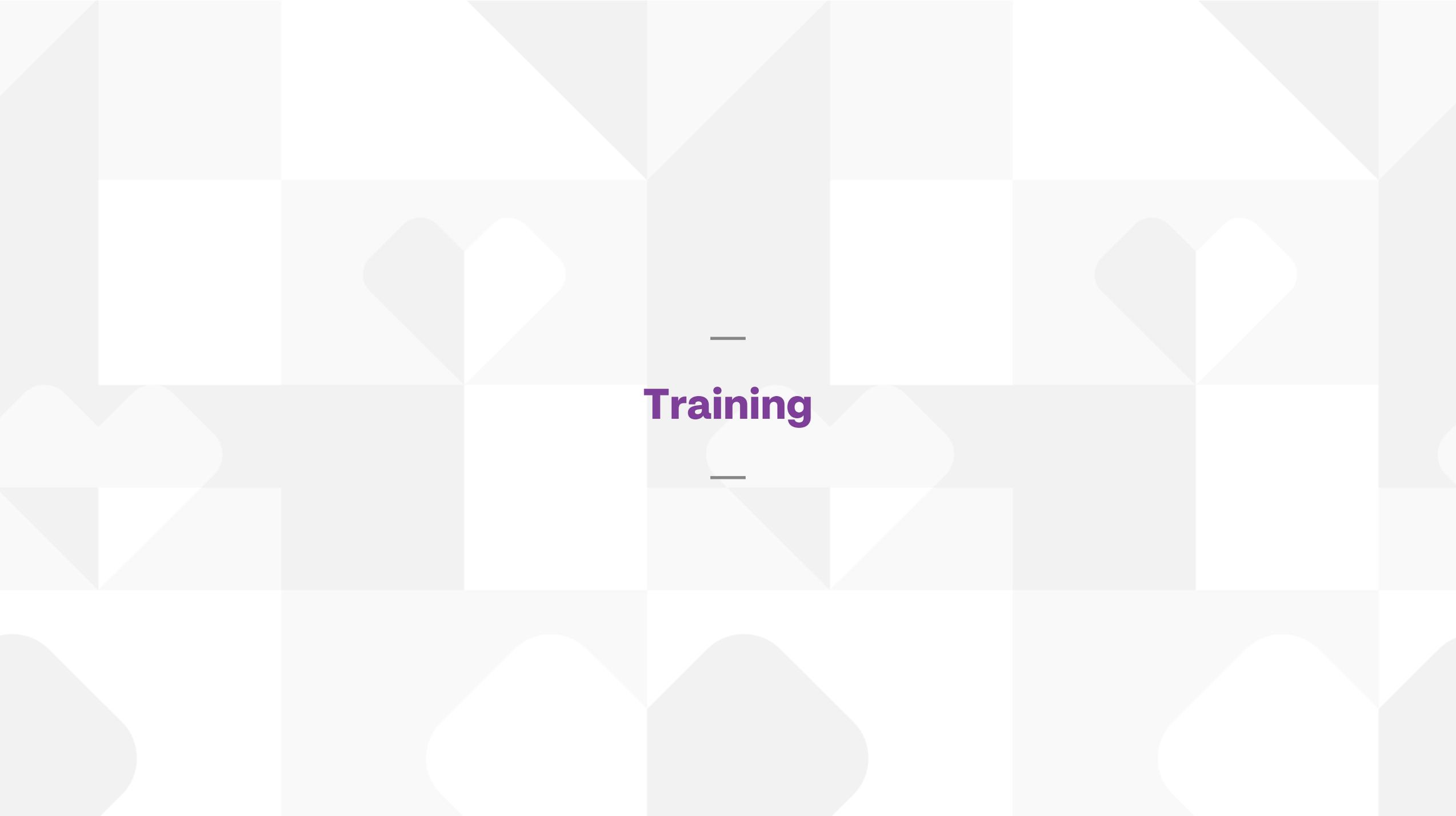
Care coordination team members have experience coordinating and providing physical and behavioral health services to members eligible for the SKY program.

The team will also provide the following services:

- Assist with locating providers and obtaining appointments as needed.
- Expedite the scheduling of appointments for assessments.
- Assist with the coordination of covered transportation services.
- Arrange community supports for members and referrals to community-based resources as necessary.

Member Stratification





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Training
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Training Snapshot

Operational

New Provider Orientation
Welcome to SKY
CANS
Cultural Competency

Clinical

Neonatal Abstinence Syndrome
Substance Exposed Infants
Performance Measures and Health Outcomes

Behavioral Health

Appropriate Utilization of Psychotropic Medications
Evidence-based Behavioral Health Treatment
Mental Health Crisis Intervention Services

Collaborative

High Fidelity WrapAround Services
Family Finding
Trauma Informed Care

Members

Parenting a child with Autism
Getting on TRACK
Power Struggles
Caring for a child with ADHD

<https://www.aetnabetterhealth.com/kentucky/news-events.html>

You Are Invited

Weekly Provider Bulletins

- Please share with your organization
- If you are not receiving these, please contact Michelle Marris, or go to our provider website

Events Calendar

All events are available on our website at:
<https://www.aetnabetterhealth.com/kentucky/news-events.html>





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Provider Information

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Overview of Value-Based Services (VBS)

P4Q



Rewards quality improvements and evolving practice transformation

Pay For Click

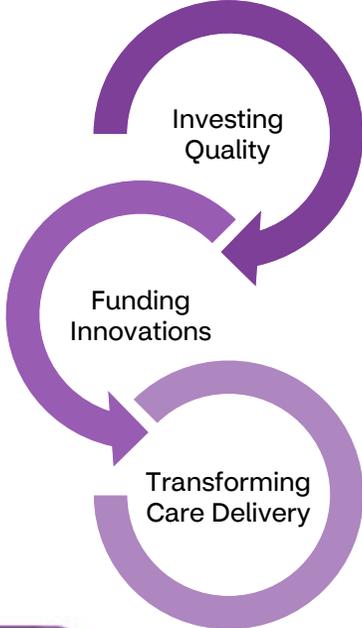


Rewards gap in care closure and quality improvement

PCMH



Progresses toward increasing risk share for greater accountability



Innovative Non-Traditional VBS Programs

Health Equity



Social Determinants of Health Screening & Coding



Prevention and Wellness



Diabetes Related Programs



Maternal and Child Programs



Provider Specific Programs



Behavioral Health & Substance Abuse



Credentialing



ABHKY participates in the Kentucky Health Alliance to provide credentialing services. For this venture, KHA subcontracted with Verisys for the completion of Primary Source Verification.

Verisys will access your practitioners' CAQH applications to complete credentialing. **Please be sure that those are complete, re-attested each time a change is made**, and that you have authorized our Health Plan to access the CAQH application. Verisys will utilize the Credentialing Contacts listed within CAQH if more information is needed to complete their review. Remember to periodically re-attest CAQH applications so that they remain current for their recredentialing events as well.

If you receive any notices/requests from Verisys, please address those in a timely manner to avoid interruption or delay of your participating status.

Universal Provider Enrollment Forms for participation are now live and can be found on our website under the "Credentialing" section.

<https://www.aetnabetterhealth.com/kentucky/providers/join-network.html>

Covered Services

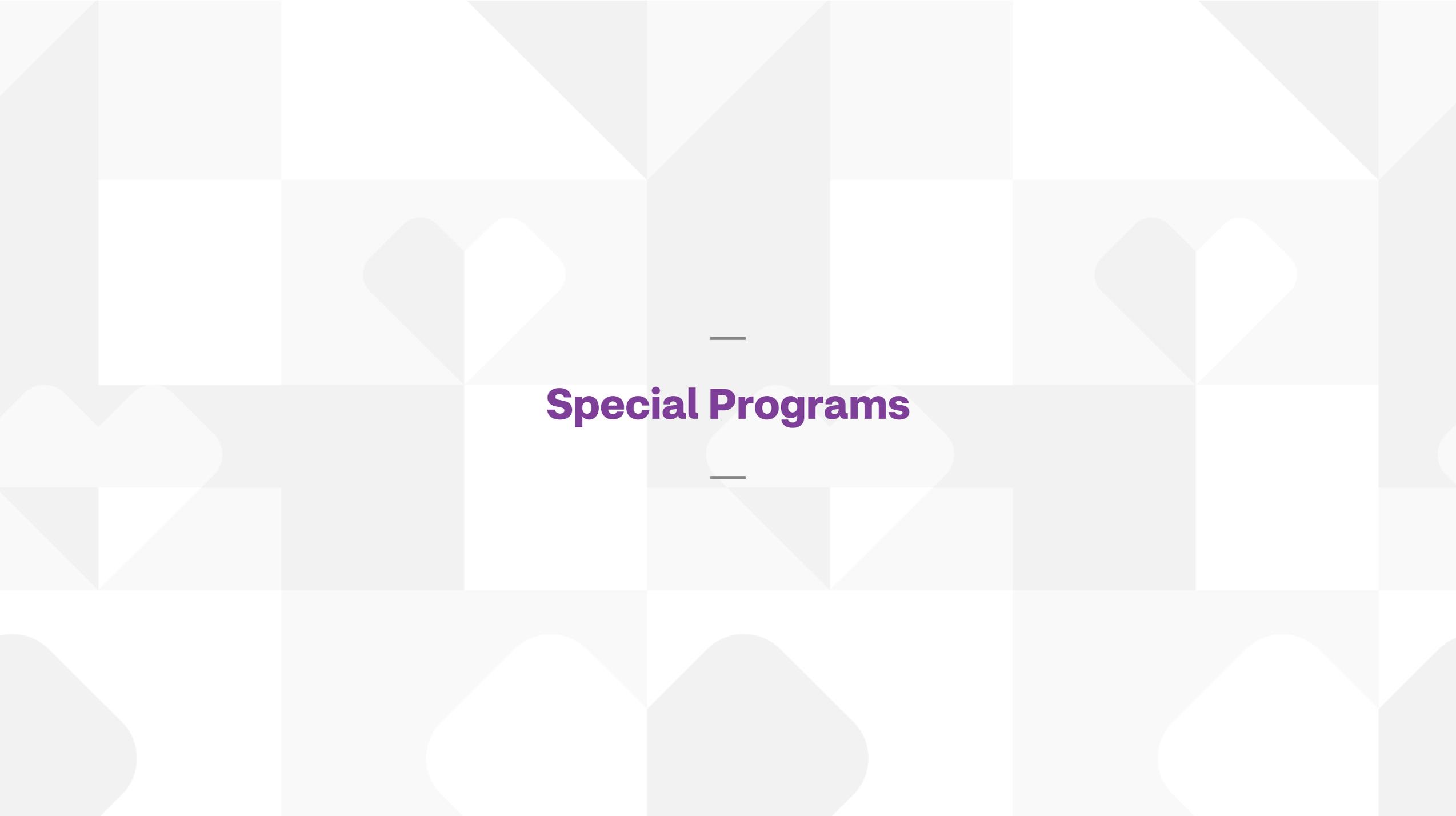
Benefit	
<p>Laboratory, Diagnostic and Radiology Services Laboratory, Diagnostic, and Radiology Services (outpatient)</p>	<p>Inpatient Medical Hospitalization Acute Inpatient Hospital Services Inpatient Physician/Surgeon Services Transplant</p>
<p>Pediatric Services Autism Spectrum Disorders Early Periodic Screening, Diagnosis and Treatment (EPSDT) Special Services Commission for Children with Special Health Care Needs Specialized Children’s Services Clinics Targeted Case Management: Severe emotional disability (SED)</p>	<p>Emergency Services Emergency Room (ER) Emergency Ambulance (ground or air)</p>
<p>First Steps</p>	<p>Ambulatory Patient Services</p> <p style="text-align: right;">Physician Office Services Outpatient Hospital/Ambulatory surgical Center Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC) and Primary Care Center (PCC) Dental Services (adults) Vision Services (adults) Vision Services (children) Urgent Care Radiation Therapy Chemotherapy Family Planning</p> <p>Podiatry</p>

* Please refer to the Member Handbook, located on the website for a full list and details.

Availability & Access

Provider Type	Appointment type	Availability
PCP	Routine Care	Within 30 days
	Urgent Care	Within 48 hours
	Non-Urgent	Within 72 hours
	Return After-Hours Calls	Within 30 minutes
	Emergency Care	Same Day
	After-Hours Care (answering service; on call MD's)	24 hours a day, 7 days a week
Pediatrics	Urgent Care	Within 48 hours
	Sick Care	Within 30 days
	Return After-Hours Calls	Within 30 minutes
	Emergency Care	Same Day
	After-Hours Care (answering service; on call MD's)	24 hours a day, 7 days a week
Specialist	Routine Care	Within 30 days
	Urgent Care	Within 48 hours
	Return After-Hours Calls	Within 30 minutes
	Emergency Care	Same Day
	After-Hours Care (answering service; on call MD's)	24 hours a day, 7 days a week

Provider Type	Appointment type	Availability
Oncology	Next Available Appointment	Within 30 Days
	Urgent Care	Within 48 hours
	Return After-Hours Calls	Within 30 minutes
	Emergency Care	Same Day
	After-Hours Care (answering service; on call MD's)	24 hours a day, 7 days a week
OBGYN	Routine or Next Available Appointment	Within 30 Days
	Urgent Care	Within 48 hours
	Initial Prenatal Visit for Pregnant Women in first trimester	Within 14 days
	Initial Prenatal Visit for Pregnant Women in second trimester	Within 7 days
	Initial Prenatal Visit for Pregnant Women in third trimester	Within 3 days
	Initial Prenatal Visit for Pregnant Women with high-risk pregnancy	Within 3 days
	After-Hours Care (answering service; on call MD's)	24 hours a day, 7 days a week
	Emergency Care	Same Day
Behavioral Health	Urgent Care	Within 48 Hours
	Non-Life-Threatening Psychiatric Emergency	Within 6 Hours
	Inpatient Follow-Up	Within 7 days
	Initial Routine Care	Within 10 Business days



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Special Programs
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Quality

Aetna Better Health maintains a quality management program that promotes objective and systematic measurement, monitoring, and evaluation of services and implements quality improvement activities.

The Aetna Better Health Quality Improvement program encompasses all aspects of clinical care and services for all members and providers.

The program addresses members with special needs in the monitoring, assessment, and evaluation of care and services provided. Emphasis is placed on, but not limited to, clinical areas relating to women, infants and children, adolescents, and young adults. Early, Periodic, Screening, Diagnosis and Treatment (EPSDT), HEDIS®, and non-clinical areas, such as member satisfaction and provider satisfaction, are also included in the comprehensive effort to improve outcomes of care and service.

<https://www.aetnabetterhealth.com/kentucky/providers/medical-management.html>

HEDIS

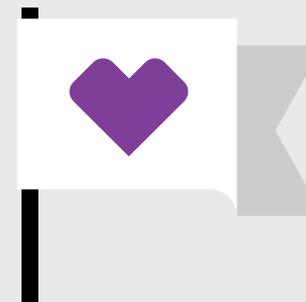
Healthcare Effectiveness Data and Information Set (HEDIS®)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures designed to ensure that the public has the information it needs to reliably compare performance of managed health care plans. Aetna Better Health of Kentucky collects this data routinely.

Helpful HEDIS® Documentation Tips for Providers

We have developed a Tips Sheet regarding documentation guidelines when providing HEDIS® related services. This can be found on our website.

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



Special Programs

Population Health Management

Our goal is to help our members stay healthy and to make sure they stay involved in their healthcare. Our Population Health Management program helps our members find the right care at the right time. This is for both physical health and mental health. We can help with housing, food, transportation, and other daily needs. Our Population Health Management program focuses on the following four key areas:

- Our **Flu Vaccine** program provides education on the importance of flu vaccine in order to keep our members healthy.
- Our **Be Healthy** program provides education and care management support for members with diabetes.
- Our **Lock-In** program provides care management that support and assists members with finding a medical home (PCP).
- Our **Aetna Cares** program provides care management support and education for members who have heart failure, depression, asthma, or COPD.

Care Management and Disease Management

Managing chronic illness can sometimes be difficult. Knowing who to contact, what test results mean, or how to get needed services can be hard. Aetna Better Health of Kentucky's team of Care and Disease Managers are here to help our members, as well as their families, primary care providers, and caregivers. We can help with changes and provide information, so patients and caregivers are better prepared and informed about health care decisions and goals.

If you have a chronic condition, such as low back pain, sickle cell anemia, hemophilia, HIV/AIDS, multiple sclerosis, or other conditions such as high-risk pregnancy or neonatal concerns, a history of health problems, or problems following our rules for getting health care, we want to work with you and your PCP to meet your health care needs.

Our Care and Disease Management Teams can also offer assistance to quit smoking.



Special Programs

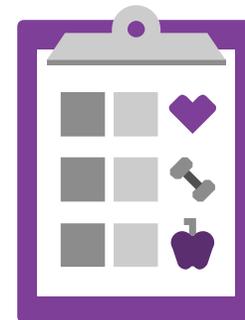
EPSDT

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated Medicaid program for children. In the Commonwealth of Kentucky, it is divided into two components: EPSDT Screenings (discussed below) and EPSDT Special Services.
- The EPSDT Screening Program provides routine physicals and well-child checkups for Medicaid eligible children at certain specified ages. It is considered preventive care. Children are checked for medical problems early. Specific tests and treatments are recommended as children grow older.
- EPSDT Special Services are services for Members under the age of 21 not covered by the Kentucky Medicaid Program. EPSDT Special Services are provided as required by 42 USC Section 1396 and by 907 KAR 1:034, Section 7 and Section 8. Those EPSDT diagnosis and treatment services and EPSDT Special Services which are not otherwise covered by the Kentucky Medicaid Program shall be covered subject to Prior Authorization by the Contractor, as specified in 907 KAR 1:034, Section 9. Approval of requests for EPSDT Special Services shall be based on the standard of Medical Necessity specified in 907 KAR 1:034, Section 9.

EPSDT Covered Services

- The areas of health care that are checked include preventive check-ups, growth and development assessments, vision, hearing, dental, immunizations, and laboratory tests.
- Children should receive health check-ups regularly or before the following ages: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, and once a year for ages 3–20.
- Documentation of these evaluations should be recorded in the child's medical record.

****For additional information on EPSDT please refer to our provider manual.**



Special Programs

Family planning services and supplies

Family planning services includes birth control counseling and supplies. Aetna Better Health covers family planning for members of child-bearing age. You don't need to ask your PCP before getting this care. Appointments for counseling and medical services shall be available as soon as possible within a maximum of 30 days. If it is not possible to provide complete medical services to Members less than 18 years of age on short notice, counseling and a medical appointment shall be provided right away, preferably within 10 days.

Transportation

Emergency transportation: Call 911 or the closest ambulance service.

Non-emergency transportation: Kentucky Medicaid will pay to take some members to get medical services covered by Kentucky Medicaid. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

For these are any covered services please call Aetna Better Health's Member Services at **1-855-300-5528** (TTY users dial **711**, TDD users dial **1-800-627-4702**).

Behavioral Health

Sharing information for healthier members

When medical and behavioral health providers work together, members benefit. Our behavioral health and medical providers share information with that goal in mind. This results in appropriate and effective coordination between medical and behavioral health care.

We ask primary care physicians (PCPs) and behavioral health providers to share:

- Pertinent history and test results within **24 hours of receipt** in urgent or emergent cases
- Results for non-urgent or non-emergent lab results within **10 business days of receipt**

PCP's screen for behavioral health issues

If you're a PCP, you will want to:

- Use behavioral health screening tools
- Treat behavioral health issues within your scope of practice
- Refer members to behavioral health providers, when appropriate

Behavioral health provider screen for physical health issues

If you're a behavioral health provider, you'll want to:

- Screen members for coexisting medical issues
- Refer those who have untreated physical health issues to their PCP (with consent)
- Provide physical health care services only if you're licensed to do so
- Share any concerns with their PCP and work together on a care plan (with consent)



All Kentucky Medicaid Managed Care Organizations (MCO), including Aetna Better Health of Kentucky, partnered with one Pharmacy Benefit Manager (PBM), MedImpact, for pharmacy claims processing and pharmacy prior authorizations (PA).

Over-the-counter

All outpatient drugs, including over-the-counter (OTC) drugs, are 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.



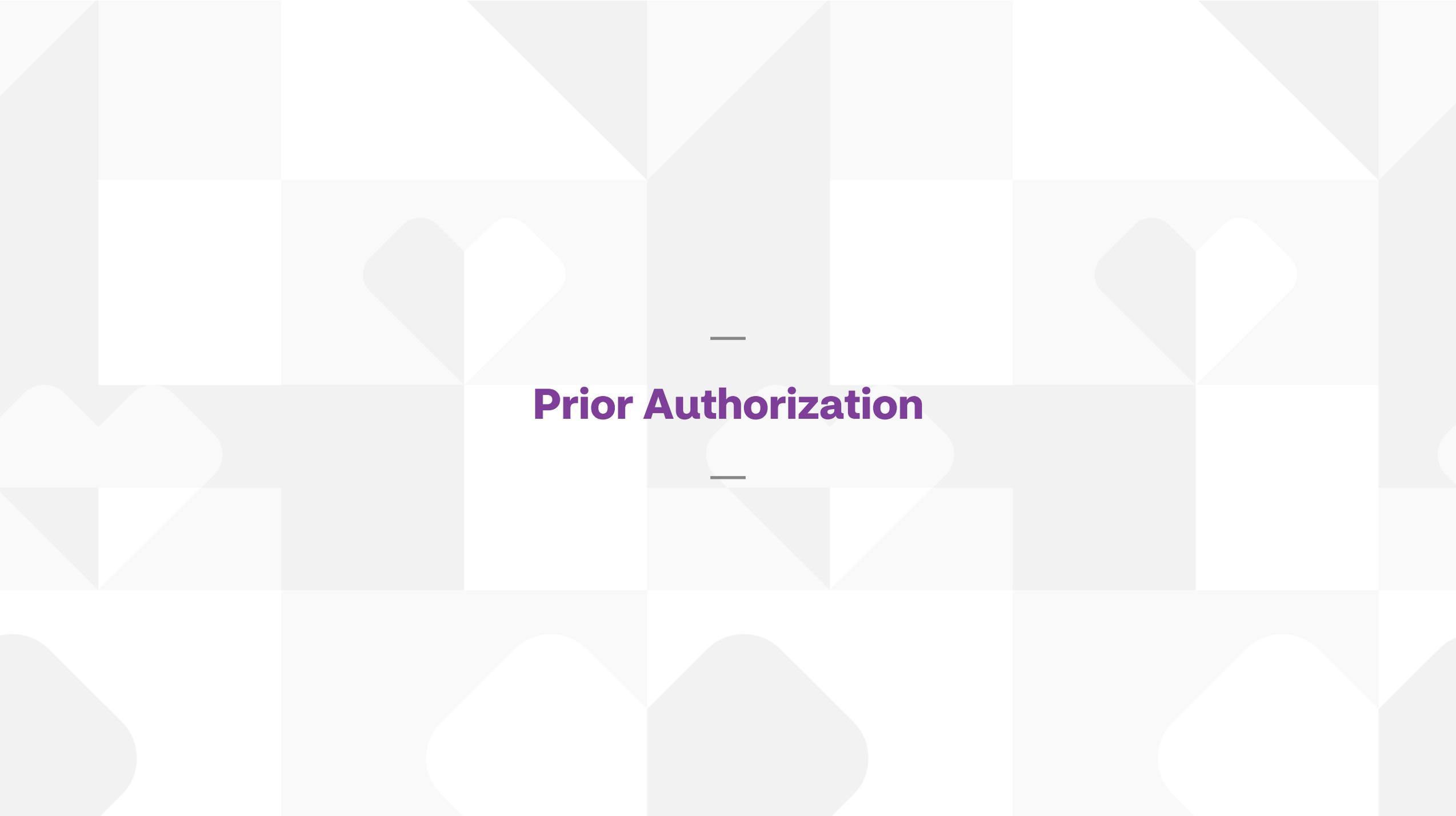
Prior Authorization

All prior authorizations are managed by MedImpact.

Please call 1-844-336-2676 or fax all pharmacy PA requests to 1-858-357-2612.

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.



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Prior Authorization

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Prior Authorization



The term Prior Authorization (PA) is the utilization review process used to determine whether the requested service, procedure, prescription drug, or medical device meets the company's clinical criteria for coverage.

Prior Authorization List : For a comprehensive listing of authorization requirements by Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes, please visit the Aetna Better Health provider portal and refer to the prior authorization tool/directory.

The PA request form is available on the website: <https://www.aetnabetterhealth.com/kentucky/providers/library>.

Prior authorization (PA)

Aetna Better Health[®] of Kentucky requires PA for some outpatient care, as well as for planned hospital admissions. PA is not needed for emergency care. Behavioral health providers can ask for PA 24 hours a day, 7 days a week. A current list of the services that require authorization is available on ProPAT, our online prior authorization search tool.

[Search ProPAT](#)



Required Information

Please provide the following information for each service when requesting authorization:

- Member name
- Ordering provider
- Aetna Better Health and/or Kentucky Medicaid number
- Date of birth
- Expected date of service
- Diagnosis
- Service requested
- Significant medical information related to the diagnosis and service requested
- Name of provider/facility rendering service

Medical: *Monday -Friday between 8 a.m. – 6 p.m. ET*

Phone 888-725-4969

Fax 855-454-5579

SKY Fax 833-689-1422

Behavioral Health: *24 hours a day/7 days a week*

Phone 855-300-5528

Fax 888-604-6106

SKY Fax 833-689-1424

Outpatient SKY

Behavioral Health 833-689-1424

Behavioral Health Psychological
and Neuropsychological Testing 1-844-885-0699

Submit through our 24/7 Secure Provider Portal:

<http://aetnabetterhealth-kentucky.aetna.com/>

Pharmacy:

MedImpact Phone 844-336-2676 / Fax 858-357-2412

You may also submit requests online through CoverMyMeds, Surescripts, or CenterX ePA portals

<https://kyportal.medimpact.com/provider-forms/epa-services>

Medical Prior Authorizations (PA) - Timeframes

Type of Request	Decision/Notification Timeframe	Notification to	Notification Method
Urgent Pre-Service Review	Within twenty-four (24) hours of receipt of the request	Practitioner/Provider and Member	Electronic/Written
Non-Urgent Preservice Review	Within five (5) calendar days of receipt of the request	Practitioner/Provider and Member	Electronic/Written
Urgent Concurrent Review	Within twenty-four (24) hours of the receipt of the request	Practitioner/Provider and Member	Electronic/Written
Post-Service Review	Within five (5) calendar days of the receipt of the request	Practitioner/Provider and Member	Electronic/Written

Additional timeframes and authorization information, is in the Provider Manual

Concurrent Review Process

Overview

Aetna Better Health of Kentucky conducts concurrent utilization review on **each** member admitted to an inpatient facility, including skilled nursing facilities (SNF) and freestanding specialty hospitals.

What does that mean?

- Admission certification
- Continued stay review
- Conducted before the expiration of the assigned length of stay
Providers will be notified of approval or denial of stay
- Review of the member's medical record to assess medical necessity for the admission and appropriateness of the level of care using the InterQual Guidelines
- The nurses work with the medical directors in reviewing medical record documentation for hospitalized members



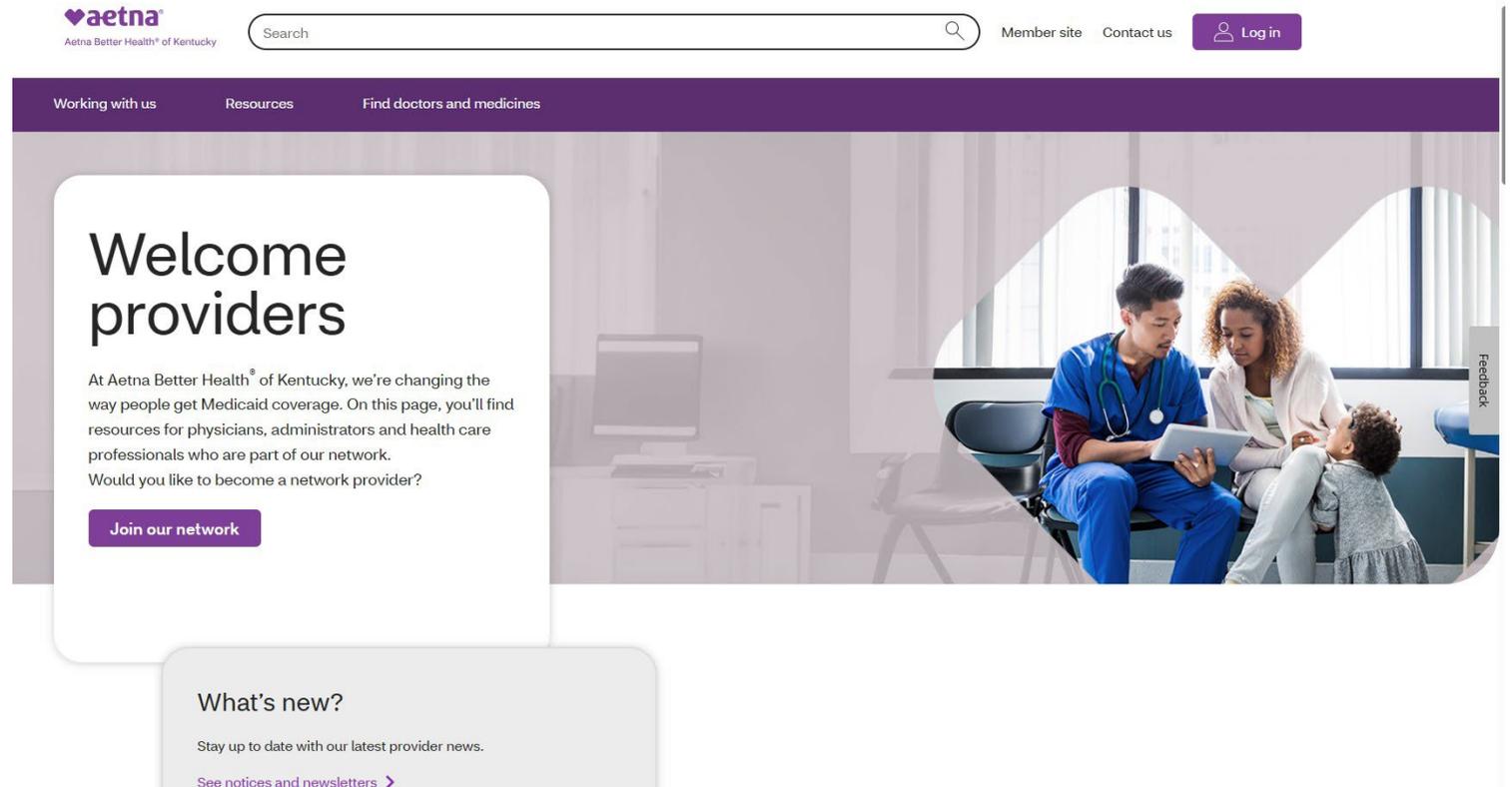


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Provider Tools and Resources

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Website

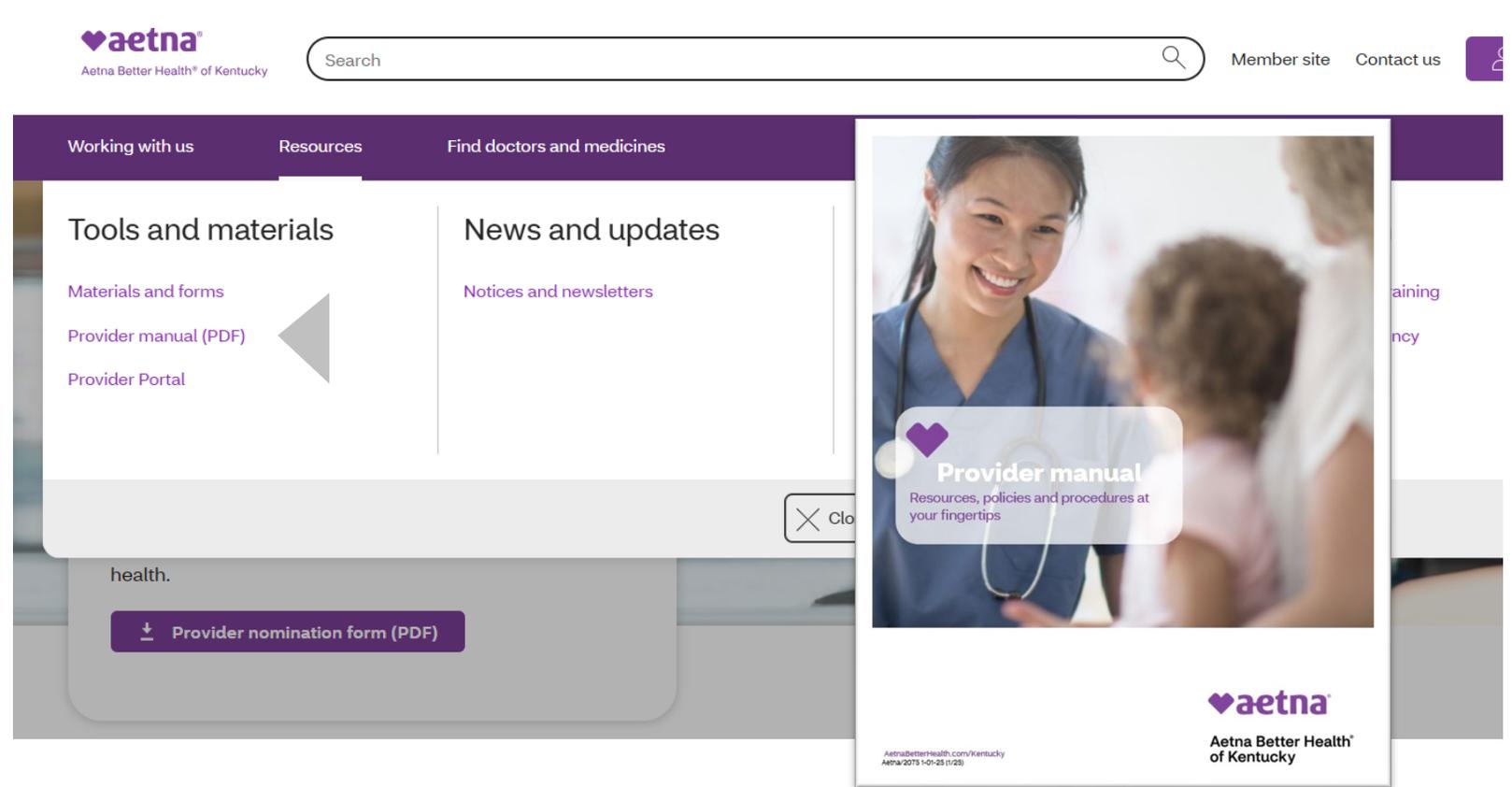


Our provider website contains resources to assist provider interactions with Aetna Better Health of Kentucky. Here are a few:

- View and download our provider manual, communications, and newsletters
- Searchable provider directory - appeals forms - member materials
- Fraud & abuse information and reporting
- Gateway to our secure provider web portal

www.aetnabetterhealth.com/kentucky

Provider Manual



The provider manual can be accessed via the website from the 'For Providers' tab under Resources.

The Aetna Better Health of Kentucky provider manual outlines our administrative policies and procedures.

We encourage providers to please review the manual thoroughly.

[Provider Manual 2026](#)

It's easy to work with us on Availity®

The Availity Provider Portal gives you the info, tools and resources you need to support the day-to-day needs of your patients and office. You can still access the old Medicaid Web Portal (MWP) too. If you need help, [email Provider Relations](#).

[Log in to Availity](#)

[Log in to MWP](#)



What's new on Availity?



[Availity Essentials](#)

Practice Guidelines

Clinical Practice Guidelines

Aetna Better Health adopts evidence-based clinical practice guidelines (CPGs) from nationally-recognized sources. CPGs are tools that help practitioners make decisions about appropriate health care for specific clinical circumstances. The Aetna National Guideline Committee reviews CPGs every two years or more frequently if national guidelines change within the two-year period.

CPGs are provided for informational purposes only and are not meant to direct individual treatment decisions. All patient care and related decisions are the sole responsibility of providers. These guidelines do not dictate or control a provider's clinical judgement regarding the appropriate treatment of a patient in any given case.

Preventive Service Guidelines

Aetna Better Health adopts nationally accepted evidence-based preventive services guidelines from the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention. When there is lack of sufficient evidence to recommend for or against a service by these sources, or conflicting interpretation of evidence, we may adopt recommendations from other nationally recognized sources. The guidelines are adopted to facilitate improved health care and to reduce unnecessary variation in care. They are not intended to direct coverage or benefits determinations, or treatment decision.

Additional information and guidelines can be found on our website.

[For Health Care Providers | Aetna Medicaid Kentucky \(aetnabetterhealth.com\)](https://aetnabetterhealth.com)



Claim Submission

ECHO Health

Payor ID# 128KY

Claim Type – UB and CMS

Claim type:

Timely filing guidelines

Initial claims
(Outpatient/Professional/Ancillary
Services)

365 calendar days from the date of service
(DOS)

Initial claims (Inpatient Services)

365 calendar days from the date of
discharge (DOD)

Retroactively activated member,
including newborn claims

365 calendar days from the date of
enrollment into the Aetna Better Health
eligibility files

Coordination of Benefits (all provider
types)

365 calendar days from date of primary
carrier remittance advice

Adjusted/corrected claim

Providers have 24 months from the date of
the first remittance advise to contact Aetna
Better Health to request an adjustment or
for Aetna Better Health of Kentucky to
receive a corrected claim



Submission of Corrected Claims

Corrected claims must include all original claim lines, including those previously paid correctly. Resubmitted claims without all original claim lines may result in the recoupment of correct payments.

Label all corrected paper claims as “Corrected” or “resubmittal” on the claim form.

Send paper claims for reconsideration with attached documentation to:

**Aetna Better Health of Kentucky
Attn: Claims
Resubmissions/Reconsideration
P.O. Box 982969
El Paso, TX 79998-2969**

Claim type frequency code (code set 235)	
Code	Meaning
7	Replacement of prior claim
8	Void/cancel of a prior claim

Any other code (including 1) submitted in the claim type frequency code will not be flagged in our system as a resubmission and will be adjudicated as an original submission. The above field code values are for 5010 professional claims. Institutional claims submission uses the same code values submitted in the last position of the type of bill field.

Corrected or replacement claims may be submitted electronically. Use the Claim Frequency Type Code (CLM05-3) in the 837 5010 EDI format. A value in this field equal to “7” indicates a replacement claim.

Electronic Remittance Advice (ERA)

ERA allows providers to auto post payments quickly and efficiently. Aetna Better Health ERAs are made available.

To enroll in ERA, complete the form found on the Aetna Better Health website or contact your Network Manager.

aetna
 Aetna Better Health® of Kentucky
 100 Corporate Campus Drive, Suite 1000
 Louisville, KY 40223-4050
 Network Service Requested

Remit Date: MM/DD/YYYY

Beginning Balance: 0.00
Processed Amount: 122.54
Discount/Penalty: -2.40
Net Amount: 120.14
Refund Amount: 116.50
Amount Recouped: 0.00
Amount Paid: 236.64
Ending Balance: 0.00

Check #: 1234567
Check Amount: 236.64

PROVIDER NAME: TYN# Benefit Plan: Program Name

Patient: DAVENSON, JOHN **Patient Acct #:** 23-98763-D256 **Claim Status:** DENIED
Member ID: A3490000 **Authorization ID:** **Claim #:** 040085123552
Date of Birth: 4/24/1980 **Provider:** IDEAL PROVIDER, MD (C) **Refund Amount:**

Quantity of Services (M - Thru)	Serv Code	Mod Code	Rev Code	FFS/ CAP	Units	Billed Amount	Disallowed	Allowable Amount	Patient Responsibility Co-Pay	Ded.	Co-Ins	COB Paid	Processed Amount	Discount/ Penalty
1/1/03	85023				1	34.00	25.13	0.00	500.00	1000.00	1500.00	10100.00	0.00	0.00
1/1/03	36415				1	18.00	8.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	90780	59			1	202.00	135.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	21100			FFS	20	20.00	17.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	21200			FFS	1	10.00	8.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	21626		250	CAP	110	410.00	195.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Totals						159694.00	390.33	123450.00	0.00	0.00	0.00	0.00	0.00	0.00

Code/Description:
 146 - Payment denied because the diagnosis was invalid for the date(s) of service reported

Other Priority/Payer Name: Mandatory COB Info
 Primary Carrier: Cigna
 ID #: 883107100001
 Address: P.O. Box 6121, Fair Lawn, NJ 07410-0999

Patient: DAVENSON, JOHN **Patient Acct #:** 23-98763-D256 **Claim Status:** DENIED
Member ID: A3490000 **Authorization ID:** **Claim #:** 040085123552
Date of Birth: 4/24/1980 **Provider:** IDEAL PROVIDER, MD (C) **Refund Amount:**

Quantity of Services (M - Thru)	Serv Code	Mod Code	Rev Code	FFS/ CAP	Units	Billed Amount	Disallowed	Allowable Amount	Patient Responsibility Co-Pay	Ded.	Co-Ins	COB Paid	Processed Amount	Discount/ Penalty
1/1/03	85023				1	34.00	25.13	0.00	500.00	1000.00	1500.00	10100.00	0.00	0.00
1/1/03	36415				1	18.00	8.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	90780	59			1	202.00	135.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	21100			FFS	20	20.00	17.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	21200			FFS	1	10.00	8.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	21626		250	CAP	110	410.00	195.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Totals						159694.00	390.33	123450.00	0.00	0.00	0.00	0.00	0.00	0.00

Code/Description:
 146 - Payment denied because the diagnosis was invalid for the date(s) of service reported

Other Priority/Payer Name:
 Primary Carrier: Cigna
 ID #: 883107100001
 Address: P.O. Box 6121, Fair Lawn, NJ 07410-0999

Remit Totals:

Billed Amount	Disallowed	Allowable Amount	Co-Pay	Ded.	Co-Ins	COB Paid	Processed Amount	Discount/ Penalty
18,716.94	1,389.60	13,974.82	50.00	450.00	2,172.37	0.00	11,252.45	-87.33

aetna
 Aetna Better Health® of Kentucky
 100 Corporate Campus Drive, Suite 1000
 Louisville, KY 40223-4050

Remit Date: MM/DD/YYYY
Check #: 1234567
Benefit Plan: ProgramName

PROVIDER NAME: TYN# Benefit Plan: Program Name

Remit Date: MM/DD/YYYY
Check #: 1234567
Benefit Plan: ProgramName

PROVIDER NAME: TYN# Benefit Plan: Program Name

Patient: DAVENSON, JOHN **Patient Acct #:** 23-98763-D256 **Claim Status:** DENIED
Member ID: A3490000 **Authorization ID:** **Claim #:** 040085123552
Date of Birth: 4/24/1980 **Provider:** IDEAL PROVIDER, MD (C) **Refund Amount:**

Quantity of Services (M - Thru)	Serv Code	Mod Code	Rev Code	FFS/ CAP	Units	Billed Amount	Disallowed	Allowable Amount	Patient Responsibility Co-Pay	Ded.	Co-Ins	COB Paid	Processed Amount	Discount/ Penalty
1/1/03	85023				1	34.00	25.13	0.00	500.00	1000.00	1500.00	10100.00	0.00	0.00
1/1/03	36415				1	18.00	8.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	90780	59			1	202.00	135.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	21100			FFS	20	20.00	17.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	21200			FFS	1	10.00	8.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1/1/03	21626		250	CAP	110	410.00	195.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Claim Totals						159694.00	390.33	123450.00	0.00	0.00	0.00	0.00	0.00	0.00

Code/Description:
 146 - Payment denied because the diagnosis was invalid for the date(s) of service reported

Other Priority/Payer Name: Mandatory COB Info
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Billed Amount	Disallowed	Allowable Amount	Co-Pay	Ded.	Co-Ins	COB Paid	Processed Amount	Discount/ Penalty
18,716.94	1,389.60	13,974.82	50.00	450.00	2,172.37	0.00	11,252.45	-87.33

**Making it easier
for you to get
help when you
need it.**

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 web site at <https://www.aetnabetterhealth.com/kentucky/providers/index.html> for manuals and quick links.
- Visit AVAILITY at <https://apps.availity.com/availability/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

To access the form, visit

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



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.

Prefer to speak with someone?

Want to speak to someone about your issue?

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.

Still need help?

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 on the Aetna Better Health website using this link:

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

Grievance & Appeals

At Aetna Better Health of Kentucky, we care about our providers. There may be times, however, when a provider will need to file an appeal or a grievance. Both complaints and appeals can be clinical or administrative. Clinical cases are about decisions we make based in whole or in part on medical criteria.

This includes decisions we based on medical necessity and policies on cosmetic procedures. Treatments or procedures ruled as experimental or investigational are included as well. You have a right to request and receive a written copy of the criteria, policy or procedure we used to review your case, if it was about a clinical decision.



How to File

Grievance

Member grievance will be resolved within 30 calendar days.

Appeal

Member appeal will be resolved within 30 calendar days*.

We have processes designed to let you tell us when you are dissatisfied with a decision we make. You may file a complaint or an appeal. We've outlined each process below.

There are several ways you can get your complaint or appeal to us. You can:

- **Fax** your appeal to us at 855-454-5585. Our fax is secure and is available twenty-four (24) hours a day, every day. This is the fastest and most preferred method to send an appeal.
- **Call** us to tell us about your appeal or complaint at 855-300-5528 (TTY users dial 711/TDD users dial 800-627-4702). We're open Monday through Friday from 7a.m. to 7p.m. ET.
- File a **written** complaint to us at:
Aetna Better Health of Kentucky
Attn: Complaint and Appeal Department
PO Box 81040 5801 Postal Rd
Cleveland, OH 44181
- You can **email** us at KYAppealandGrievance@aetna.com.
- You can also submit an appeal through the **ABHKY's payer space in Availity**.



Advanced Healthcare Directive

Aetna Better Health is required to provide education about advanced directives to providers, staff, and members. Advanced directives provide the right for any member to participate in and direct their own health care decisions, to accept or refuse medical or surgical treatment, and to prepare an advance directive which is documented in writing.

Providers are required to notify members to what extent he/she will honor a member's advanced directive. Providers may not discriminate against a member who does not have an advanced directive. Providers are required to document member advanced directive information in the medical record. Providers should also provide ongoing community education on advanced directives.

Fraud, Waste and Abuse

Fraud, Waste and Abuse Guidelines

Aetna Better Health is a Kentucky Medicaid managed care organization and as such is bound by all federal and state anti-fraud and abuse programs. Aetna Better Health must report any potential fraud or abuse by our providers and members. We are bound contractually by the Commonwealth to report these occurrences and must investigate any fraudulent or abusive behavior meeting the following definition:

Kentucky Medicaid Managed Care Fraud Definition

Any type of intentional deception or misrepresentation made by a recipient or a provider with the knowledge that the deception could result in some unauthorized benefit to the recipient or provider or to some other person. It includes any act that constitutes fraud under applicable federal or state law.

Kentucky Medicaid Managed Care Abuse Definition

With reference to a health care provider, practices that are inconsistent with sound fiscal, business, or medical practices, and that result in unnecessary cost to the Medicaid program established pursuant to this chapter, or that result in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes practices that result in unnecessary cost to the Medicaid program. It should be noted that Kentucky Medicaid funds paid to an MCO, then passed to subcontractors, are still Medicaid funds from a fraud and abuse perspective.

Program Description

Aetna Better Health has a comprehensive fraud and abuse program for both providers and members. Within our program, fraud and abuse prevention, detection, reporting, reviewing, and corrective actions are our main goals. Much of the detection process comes from providers because they are in the best position to see characteristics of fraud, which leads to the minimization of fraud loss. Organizations suffer tremendous costs as a result of fraud and abuse. With the basic understanding of fraud and abuse, it will be easier to detect any fraudulent activity routine.

If you think someone has committed Medicaid fraud or abuse, please contact:

Fraud, Waste and Abuse Hotline at **800-372-2970**.



Q & A



Thank you

Attestation



Aetna Better Health[®]
of Kentucky

As required by Aetna Better Health Kentucky, please complete and forward a copy of this attestation to email address: KYProviderRelations@aetna.com

Attestation Statement for New Provider Orientation Training

The New Provider Orientation Training is required for all new In-Network ABHKY providers. Upon completion, please forward this attestation form to your Network Manager or kyproviderrelations@aetna.com.

Provider Facility Name	
TIN	

Thank you for your time and partnership!



- I have reviewed and understand the concepts reviewed in the completion of the New Provider Orientation training course.
- I am the physician representative attesting to completion of the new Provider Orientation training course on behalf of the physicians in a group

X

Signature
Group





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

Who is my Network Relations Contact

Our Network Relations Team is assigned to designated areas throughout the state and are located within the communities in which they serve. We are subject matter experts and are available to provide education, training, and support.

Provider Relations Network Managers

Aetna Better Health of Kentucky offers a provider services line which can be reached by calling 1-855-300-5528 Monday through Friday 7 AM-7 PM

For general questions, you can send an email to:

KYProviderRelations@aetna.com



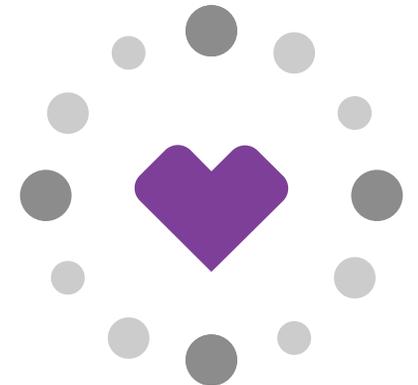
Mailbox: Credentialing applications, forms, and updates along with any demographic updates and terminations should be sent directly to: KyProviderUpdates@aetna.com

EFT/ERA Registration Services (EERS), a better and more streamlined way for our providers to access enrollment in electronic payment services. - To enroll in EERS, please visit <https://payerenrollservices.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: AetnaBetterHealth.com/Kentucky
- Availity -Simplifies provider transactions such as electronic data exchange, prior authorization requests, claim status, and member inquiries. Visit Availity at: <https://apps.availity.com/availity/web/public.elegant.login>
- Network Notices - We have moved to a web-based application allowing us to share more information with you as needed. If you don't currently receive our notices, please take just a minute to sign up. Visit us at: <https://lp.constantcontactpages.com/su/Y4DwUms>





Resources

Key Contacts

Member Services	1-855-300-5528 (TTY users dial 711/TTDD users dial 1-800-627-4702)
Behavioral Health Crisis Hotline	1-888-604-6106 (TDD: 1-866-200-3269, TTY:711)
Network Relations	1-855-454-0061
Prior Authorization	<p>Medical: Phone 1-888-725-4969 Fax 1-855-454-5579 Behavioral Health: Phone: 1-855-300-5528 Fax: 1-888-604-6106 Pharmacy: CoverMyMeds – Phone: 1-866-452-5017 SureScripts – Phone: 1-866-797-3239 or 1-866-797-3239 Fax: 1-855-799-2550</p>
Claims Inquiry Claims Research (CICR)	1-855-300-5528
Dental (Skygen)	1-855-454-0061
Vision (Avesis)	1-855-325-6776
Radiology (eviCore)	1-888-693-3211
Pharmacy (CVS) Starting July 1, 2021 - MedImpact	1-855-300-5528 1-844-336-2676
Pain Management (eviCore)	1-888-584-8742
Fraud & Abuse	1-855-300-5528

Key Contacts

Office Location	Aetna Better Health of Kentucky 9900 Corporate Campus Drive, Suite 1000 Louisville, KY 40223
Claims Information	EDI Payor ID (Claim) #128KY PO Box 65195 Phoenix, AZ 85082-5195
Member Eligibility Verification at KYHealthChoices.net	https://public.kymmis.com
Case and Disease Management Referrals	1-888-470-0550
Returned Checks and Refunds	Aetna Better Health of Kentucky Attn: Finance P.O. Box 842605 Dallas, TX 75284-2605
Complaints & Appeals Address	Aetna Better Health of Kentucky Fax: 1-855-454-5585 Attn: Appeals Department PO Box 81040 8501 Postal Road Cleveland, OH 44181
Website	https://www.aetnabetterhealth.com/kentucky
Provider Portal	https://www.aetnabetterhealth.com/kentucky/providers/portal.html

Prescribing Resources

- American Academy of Child and Adolescent Psychiatry (AACAP). Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems.
https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/AACAP_Psychotropic_Medication_Recommendations_2015_FINAL.pdf
- Center for Health Care Strategies, Inc. (n.d) Improving the Appropriate Use of Psychotropic Medications for Children in Foster Care: A Resource Center.
<https://www.chcs.org/resource/improving-appropriate-use-psychotropic-medication-children-foster-care-resource-center/>
- Child Welfare Information Gateway. (n.d) Understanding Psychotropic Medications.
<https://www.childwelfare.gov/topics/systemwide/bhw/medications/>
- Children’s Bureau et al. (2012). Making healthy choices: A guide on psychotropic medications for youth in foster care.
<https://www.childwelfare.gov/pubPDFs/makinghealthychoices.pdf>
- Children’s Bureau et al. (2015). Supporting youth in foster care in making healthy choices: A guide for caregivers and caseworkers on trauma, treatment, and psychotropic medications.
<https://www.childwelfare.gov/pubs/mhc-caregivers>.
- Substance Abuse and Mental Health Services Administration: Guidance on Strategies to Promote Best Practice in Antipsychotic Prescribing for Children and Adolescents.
https://store.samhsa.gov/sites/default/files/d7/priv/pep19-antipsychotic-bp_508.pdf
- University of Louisville Department of Pediatrics. Deprescribing Information for Parents and Caregivers.
<https://louisville.edu/medicine/departments/pediatrics/research/cahrds/safemed/deprescribing-information-for-parents-caregivers>
- University of Louisville Department of Pediatrics: Deprescribing Information for Teens.
<https://louisville.edu/medicine/departments/pediatrics/research/cahrds/safemed/deprescribing-information-for-teens>

Aetna Better Care REWARDS™

Aetna Better Health of Kentucky members can get exclusive rewards for healthy behaviors like completing a mammogram or dental exam. Don't miss out on these rewards!

Aetna Better Care Program™ Incentives require NO action on behalf of the member to receive these benefits. Aetna will automatically send the gift cards following your doctor's appointments.

\$10 for Completion of Diabetic Dilated Retinal Eye exam

Members can receive a \$10 gift card for completion of a dilated retinopathy eye exam.

Eligibility Criteria: Members 18-75 years of age with diabetes

Limits & Restrictions: One gift card per year

\$20 for Follow-up visit with Mental Health Practitioner

Members 6 years and older will receive a \$20 incentive card for a follow-up visits upon discharge from a mental health related hospital stay.

Eligibility Criteria: 6 years of age or older

Limits & Restrictions: Members are eligible after EACH visit with no annual limit.

Visit must occur within 7 days post discharge.

\$25 for completion of annual well child visit

Members can receive a \$25 gift card for completion of an annual well child visit.

Eligibility Criteria: Children ages 2-21 years.

Limits & Restrictions: One gift card per year

\$25 for completion of Metabolic Screening

Members ages 1-17 can receive a \$25 gift card for metabolic screening if prescribed antipsychotic medications.

Eligibility Criteria: Members ages 1-17.

Limits & Restrictions: One gift card per year. Incentive is restricted to those with two or more antipsychotic prescriptions.

Aetna Better Care REWARDS™

Aetna Better Health of Kentucky members can get exclusive rewards for healthy behaviors like completing a mammogram or dental exam. Don't miss out on these rewards!

Aetna Better Care Program™ Incentives require NO action on behalf of the member to receive these benefits. Aetna will automatically send the gift cards following your doctor's appointments.

<p>\$25 for completion of HPV vaccine series before 13th birthday</p>	<p>Members can receive a \$25 gift card for completing the HPV vaccine series by their 13th birthday.</p> <p>For more information about childhood immunizations, visit: healthychildren.org</p> <p>Eligibility Criteria: Members 13 years old with HPV vaccine by their 13th birthday.</p>
<p>\$25 for completion of two infant flu shots</p>	<p>Members can receive a \$25 gift card for completing two Flu Vaccines by their second birthday.</p> <p>For more information about childhood immunizations, visit: healthychildren.org.</p> <p>Eligibility Criteria: Members 2 years old with 2 flu vaccines by their second birthday.</p> <p>Limits & Restrictions: The Nasal mist flu vaccine is not indicated for use in children under age two years. Incentive restricted to standard flu vaccine only.</p>
<p>\$50 for completion of six well child visits before age 15 months</p>	<p>Members can receive a \$10 gift card for completion of a dilated retinopathy eye exam.</p> <p>Eligibility Criteria: Members 18-75 years of age with diabetes</p> <p>Limits & Restrictions: One gift card per year</p>
<p>\$50 for completion of HBA1c test</p>	<p>Members can receive a \$50 gift card for completing a HBA1c test.</p> <p>Eligibility Criteria: Members ages 18 and older with diabetes</p> <p>Limits & Restrictions: One gift card per year</p>

Aetna Better Care REWARDS™

Aetna Better Health of Kentucky members can get exclusive rewards for healthy behaviors like completing a mammogram or dental exam. Don't miss out on these rewards!

Aetna Better Care Program™ Incentives require NO action on behalf of the member to receive these benefits. Aetna will automatically send the gift cards following your doctor's appointments.

<p>\$25 HRA Incentive</p>	<p>Members who are newly enrolled and/or pregnant will receive a \$25 gift card for completing the Health Risk Assessment (HRA). SKY members are eligible to receive an HRA incentive every year upon completion of the assessment.</p> <p>Eligibility Criteria: Members who are newly enrolled and/or pregnant. SKY members</p> <p>Limits & Restrictions: <i>Pregnant Members:</i> One gift card annually <i>Newly Enrolled Members:</i> One gift card within the first 30 days of enrollment <i>SKY Members:</i> One gift card annually</p>
<p>\$50 for completion of mammogram</p>	<p>Members can receive a \$50 gift card for completing a mammogram.</p> <p>Eligibility Criteria: Females ages 50-74</p> <p>Limits & Restrictions: One gift card per year</p>
<p>\$50 for completion of Pap test</p>	<p>Members can receive a \$50 gift card for completing a Pap test.</p> <p>Eligibility Criteria: Females ages 21-64</p> <p>Limits & Restrictions: One gift card per year</p>

Aetna Better Care REWARDS™

Aetna Better Health of Kentucky members can get exclusive rewards for healthy behaviors like completing a mammogram or dental exam. Don't miss out on these rewards!

Aetna Better Care Program™ Incentives require NO action on behalf of the member to receive these benefits. Aetna will automatically send the gift cards following your doctor's appointments.

Supporting Kentucky Youth (SKY) Member Only Benefits

\$25 for completion of dental exam

SKY members can receive \$25 for completing a dental exam within two weeks of enrollment

Eligibility Criteria: SKY members during first 2 weeks of enrollment period

Limits & Restrictions: One gift card per year

\$25 for completion of vision exam

SKY members can receive \$25 for completing a vision exam within two weeks of enrollment

Eligibility Criteria: SKY members during first 2 weeks of enrollment period

Limits & Restrictions: One gift card per year

Aetna Better Health of Kentucky No-Cost Bonus Benefits and Services

To receive these benefits please call
Member Services

Blood Pressure Cuffs

All members with diabetes or high blood pressure can receive a blood pressure cuff to monitor their blood pressure at home.

Eligibility Criteria: Members with a diabetes or high blood pressure diagnosis

Limits & Restrictions: One time offering of one blood pressure cuff per member

Over-the-Counter (OTC) Benefit

ABH-KY members will be eligible for a \$15 monthly stipend covering over-the-counter needs such as pain relievers, bandages, thermometers, and more. OTC benefits can be accessed by eligible members by visiting any OTC Health Solutions-enabled CVS Pharmacy® store to access a hard copy of the program catalogue or through the OTCHS website at the bottom of the log in page at the following link:

OTC: <https://www.cvs.com/benefits>

Eligibility Criteria: All members are eligible for the \$15 monthly stipend.

Limits & Restrictions: The OTC benefit is \$15 per month and limited to 1 stipend per household. The amount will not roll over.

Aetna Better Health of Kentucky No-Cost Bonus Benefits and Services

To receive these benefits please call
Member Services

Period Promise Over-the-Counter (OTC) Benefit

Female members in Regions 2, 3, 4 and 5, ages 15- 55, will receive a \$20 monthly stipend to spend on period products like tampons, pantyliners, maxi pads, flushable feminine wipes, and hand sanitizer. Period Promise OTC benefits can be accessed by eligible members by visiting any OTC Health Solutions-enabled CVS Pharmacy® store to access a hardcopy of the program catalogue or through the OTCHS website at the bottom of the login page at the following link:

Period Promise OTC: <https://www.cvs.com/benefits>

Eligibility Criteria: Female members ages 15-55 in Regions 2,3,4 and 5 are eligible for the \$20 monthly stipend

Limits & Restrictions: The Period Promise benefit is \$20 per month, per member. The amount will not roll over. SKY members are excluded from this benefit.

Pacify

Pacify’s tech-enabled platform provides 24/7 perinatal and infant feeding support to new and expecting parents via their smartphones. The Pacify app connects families to a nationwide network of doulas, lactation consultants, and registered nurses within minutes.

Eligibility Criteria: High-Risk pregnant members or new moms.

Limits & Restrictions: High-Risk pregnant members or new moms.

Pyx

Adult members who experience loneliness can access the Pyx Health platform. Pyx Health takes unlimited time to listen, offer companionship, supply curated SDOH resources, and connect members to things like our 24/7 Informed Health Line, Behavioral Health Crisis Line, Member Services, and our Find a Provider tool. The customized app offers 24/7 engagement for the member, as well as connections to health plan resources, community services, crisis, and other national support lines.

Eligibility Criteria: Members ages 18 and older

Limits & Restrictions: Limited to members ages 18 and older

Aetna Better Health of Kentucky No-Cost Bonus Benefits and Services

To receive these benefits please call
Member Services

Remote Patient Monitoring Program (Vheda Health)

Telemonitoring program that provides our members living with diabetes, COPD, CHF, and/or hypertension access to education and self- management tools that can help keep your condition under control and promote your optimum health and wellness. This is a 9–12-month program that is one time offering per member.

Eligibility Criteria: 18 years of age or older living with diabetes, COPD, CHF, asthma and/or hypertension AND recent ED utilization or Inpatient hospitalization. Care management assessment may be required.

Limits & Restrictions: Member will receive an iPhone and other equipment based on condition state, such as, glucometer, blood pressure cuff, weight scale, or pulse oximeter. For this program, lancets or strips will not be provided with the glucometer.

Home Delivered Meals

In partnership with GA Foods, an organization that cooks and delivers nutritious, medically appropriate meals to members with certain chronic conditions post-discharge from an inpatient hospital stay. We also offer members with customized nutritional counseling. This is a 4–12-week program with the goal of educating members on healthy eating, food preparation and more.

Eligibility Criteria: Care Management referral for members with at least one of the following conditions: Diabetes, congestive heart failure, kidney disease, COPD, or Malnutrition

Limits & Restrictions: Available up to 90 days post-discharge from an inpatient hospital stay. Up to 2 delivery cycles per year per member.

Enhanced Transportation

10 round trips (up to 60 miles total per round trip) per year to activities, such as job interviews, job training, shopping for professional attire, grocery store or food bank, and accessing community health services not otherwise covered.

Eligibility Criteria: Members 18 and older and SKY members ages 18-26 with employment, food, or transportation needs

Limits & Restrictions: 10 round trips up to 60 miles per round trip per year. Please note that members must provide 3-day advance notice to arrange transportation services.

Aetna Better Health of Kentucky No-Cost Bonus Benefits and Services

To receive these benefits please call
Member Services

Back to School Assistance Program

Aetna's Community Outreach through school-based family resource coordinators offer backpacks filled with school supplies.

Eligibility Criteria: Children ages 5 - 18

Limits & Restrictions: Once per calendar year

\$50 Gift card for participation in after school activities

Members can receive a \$50 gift card to pay for 4-H, Boys & Girls Clubs of America, Boy Scouts of America, Girl Scouts of the United States of America, Big Brother Big Sisters and other established community organizations, afterschool programs or organized team sport programs.

Eligibility Criteria: Members ages 6-18 who have completed a well child visit within the last 12 months

Limits & Restrictions: Limit to one per child per year. Must have record of well child visit. SKY Members are excluded.

GED Certification & Job Skills Training

Members will have access to Campus Ed, a job skills training platform and the opportunity to discover near career paths, earn credentials and certifications, and highlight those skills to local employers actively looking for talent.

Eligibility Criteria: Members 18 years of age or older

Limits & Restrictions: 18-year-olds must have permission from the school board and a parent or guardian to enroll in GED prep classes. GED voucher good for one year from issue date.

\$500 Scholarship upon completion of GED Certification

Members can receive a \$500 gift card towards scholarships for trade school, college, or university when they complete Aetna GED Certification & Job Skills Training program.

Eligibility Criteria: Members 18 years of age and older who have completed GED certification provided by Campus Ed.

Limits & Restrictions: Proof of receipt must be provided by passing grade on GED when GED is taken with Campus Ed voucher.

Aetna Better Health of Kentucky No-Cost Bonus Benefits and Services

To receive these benefits please call
Member Services

“Keeping Kids Safe” Opioid Lockbox Program

This program is a part of Aetna’s national campaign to fight the opiate crisis. This harm reduction intervention is used to support safety by providing members with a lockbox to secure their opioid medications.

Eligibility Criteria: Members prescribed an opioid medication and have children in their home

Limits & Restrictions: One lockbox per household

\$45 gift card to assist with certification fees tied to criminal record expungement

Members can receive a \$40 gift card to assist with certification fees tied to criminal record expungement (as allowed by statute).

Eligibility Criteria: Members eligible for felony record expungement

Limits & Restrictions: Assistance as allowed by state statutes; KRS 431.079, KRS 431.078, KRS 431.076, KRS 431.073

<https://apps.legislature.ky.gov/lrcsearch>

Maternity Matters Program

Whether you are newly pregnant or just had a baby, our Maternity Matters program offers benefits and incentives to help you on your motherhood journey! By completing activities that will help improve the health of yourself and your baby, you will earn rewards via a reloadable card that can be used for healthy foods, maternity supplies, and diapers at a variety of local and online stores.

To receive these benefits please call Members Services

<p>\$25 for completion of Initial Prenatal Visit</p>	<p>Pregnant members can receive \$25 for completing their initial prenatal visit.</p> <p>Eligibility: Pregnant members</p> <p>Limits & Restrictions: One per pregnancy</p>
<p>\$10 for completion of Subsequent Prenatal Visits</p>	<p>Pregnant members can receive an additional \$10 for each visit.</p> <p>Eligibility: Pregnant members</p> <p>Limits & Restrictions: \$100 max per pregnancy/10 visits max</p>
<p>\$25 for completion of Post-Partum Visit</p>	<p>New mothers can receive \$25 for attending a post-partum visit within 7-84 days after the baby is born.</p> <p>Eligibility: New Moms</p> <p>Limits & Restrictions: One gift card per pregnancy</p>
<p>Cribs OR Car Seats for Moms</p>	<p>Pregnant members can earn up to \$90 to purchase a portable crib OR car seat at 37 weeks or more of pregnancy for seeing their doctor regularly (at least 7 visits) during their pregnancy.</p> <p>Eligibility: Pregnant members</p> <p>Limits & Restrictions: One gift card per pregnancy; exceptions are made for multiple births (twins)</p>

Supporting Kentucky Youth (SKY) Members - Only Program Rewards

To receive these benefits please call Members Services or contact your SKY Care Manager

SKY Transition Age Youth Milestones

<i>Tattoo Removal</i>	<p>Members receive \$150 toward tattoo removal service.</p> <p>Eligibility Criteria: SKY members ages 17-21; Requests must be made to a Care Manager</p> <p>Limits & Restrictions: One gift card per year.</p>
<i>Driver's License Fees</i>	<p>Members receive \$150 toward payment for Drivers Education School and Driver's License fee.</p> <p>Eligibility Criteria: SKY members ages 16-21; Requests must be made to a Care Manager</p> <p>Limits & Restrictions: One gift card per year.</p>
<i>Moving Expenses</i>	<p>Members receive \$500 in form of gift card to assist with Moving Expenses.</p> <p>Eligibility Criteria: SKY members ages 17-21; Requests must be made to a Care Manager</p> <p>Limits & Restrictions: One gift card per year</p>

Supporting Kentucky Youth (SKY) Members - Only Program Rewards

To receive these benefits please call Members Services or contact your SKY Care Manager

Birthday in a Box

Each child receives a “birthday in a box” that includes party supplies (e.g., paper goods, minimal party decorations), balloons, book/journal, puzzle/game, and a large cupcake. The Birthday in a Box is coordinated by the SKY care manager.

Eligibility Criteria: SKY members; Requests must be made to a Care Manager

Limits & Restrictions: Once per year

Calming Comfort Collection

Members with high adverse childhood experiences (ACEs) score or an anxiety diagnosis can receive supplies to help calm the impact of trauma. Items include a sound machine, weighted sensory plush, aroma therapy and light therapy products.

Eligibility Criteria: SKY members with an adverse childhood experiences (ACEs) score of 5 or higher or an anxiety diagnosis within the last 24 months

Limits & Restrictions: \$50 worth of calming supplies per calendar year to use on the above listed available items

Gym Memberships

SKY members can receive a \$200 gift card to pay for gym memberships to promote better health and well-being.

Eligibility Criteria: SKY members; Members must contact care manager to receive this benefit.

Limits & Restrictions: One gift card per year

Supporting Kentucky Youth (SKY) Members - Only Program Rewards

To receive these benefits please call Members Services or contact your SKY Care Manager

LACES Program (Language, Access, Communication, Empowerment, Support)

SKY members who have been identified as deaf or hard of hearing will be screened for unidentified language access needs and assessed to provide recommendations, resources, and supports to help improve member's language acquisition and communication.

Eligibility Criteria: SKY members identified as being deaf or hard of hearing.

Limits & Restrictions: The number of members receiving Communication Skills Assessments and Guide by Your Side services is limited, and referrals will be routed through the SKY Behavioral Health Specialist.

Connections for Life

Aetna will provide a smartphone and wireless plan for eligible SKY members.

Smartphones & Wireless Plan (13-17)

Eligibility Criteria: SKY members ages 13 – 17 years who are not in stable placement (placement with family or in a pre-adoptive or adoptive home)

Limits & Restrictions: One phone and data plan per member

Laptops (18-26)

Eligibility Criteria: SKY members ages 18-26 years

Limits & Restrictions: One laptop per member

Foster Care Duffle Bag Program

Aetna will provide personalized duffle bags filled with personal hygiene items, supplies, and a blanket to SKY care members whose placements have changed from one home to another. Some items include shampoo, conditioner, journal, and coloring book.

Eligibility Criteria: SKY members population who are transitioning from one home to another

Limits & Restrictions: Once per calendar year



YouthLine – a free 24-hour, peer-to-peer youth crisis and support service via phone, text, chat, and email. The helpline is answered by youth daily from 4pm-10pm and by adults at all other times. Telephone: 877-968-8491 Text teen2teen to 839863. Chat now. Email: YouthL@LinesforLife.org

National Runaway Safeline 1-800-RUNAWAY (1-800-786-2929) A national hotline and chat service for teens who have runaway, homeless or who are considering leaving home. <http://www.1800runaway.org/LGBT> National Help Center

[Kentucky Child and Adolescent Programs and Services](#)

[Comprehensive resource list](#)

National Suicide Prevention Hotline - 988

Local NAMI Chapter <https://www.nami.org/Find-Your-Local-NAMI/Affiliate?state=KY>

