

Claims / Billing Education

Sammie Asher

Network Relations Manager
ashers@aetna.com

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Volume II

- Appointment Access and Times
- Timely Filing Guidelines
- Coordination of Benefits

Aetna-575



Aetna Better Health® of Kentucky

Agenda

As part of your Aetna Better Health of Kentucky's monthly claims and billing education we will:

- Discuss Appointment Access and Times
- Review of Timely Filing Guidelines
- Review Coordination of Benefits
- **Network Manager Spotlight – Sammie Asher**

Region 4

Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne

Providers in the state of Tennessee

Appointment Access/Times

Availability Standards

The following access and availability standards must be provided by all our participating providers:

PCP	
Appointment Type	Access/appointment standard
Routine Care	Within 30 days
Urgent Care	Within 48 hours
Non-urgent sick appointments	Within 72 hours
Return After-Hours	Within 30 Minutes
Emergency Care	Same Day
After hours care (answering service; on-call MDs)	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 MDs)	24 hours a day; 7 days a week
Specialist	
Routine Care	Within 30 days
Urgent Care	Within 48 hours
New member appointments	Within 10 days
Aftercare appointments	Within 7 days after hospital discharge
Other referrals	Within 60 days
Routine and preventative care	Within 10 days

Availability Standards continued

Oncology

Appointment Type	Access/appointment standard
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 MDs)	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 MDs)	24 hours a day; 7 days a week

Availability Standards continued

Behavioral Health	
Appointment Type	Access/appointment standard
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
Routine Care Follow-up	Within 30 days
Missed Inpatient Appointment Follow Up	Within 24 hours
After hours care (answering service; on-call MDs)	24 hours a day; 7 days a week
All	
Waiting Room Time	Within 48 hours
General Dentist Services	
Regular	Within 3 weeks
Urgent Care	Within 48 hours
General Vision, Lab and X-ray Services	
Regular	Within 30 days
Urgent Care	Within 48 hours

Missed Appointments/Follow-up Visits

Providers should contact members regarding missed appointments.

The following guidelines should be used to track compliance and assist members with keeping scheduled appointments:



- Contact phone numbers should be requested and confirmed with the member at each appointment.

- If the member fails to keep his/her scheduled appointment, the provider office staff should document the occurrence in the member's medical record.

- The office staff may contact Aetna Better Health Member Services Department at 1 855 300 5528 for assistance when members cannot be reached by telephone to verify appointments.

- Providers should encourage member compliance to minimize no shows. Provider offices may provide a return appointment card for each member and are encouraged to make a reminder call one (1) day before a scheduled appointment.

- Providers may not bill or collect fees from members for missed appointments.

- Providers may request the Aetna Better Health Member Services Department call members to educate about chronic missed appointments.

For additional information regarding transportation benefits, please reference transportation services under member services and benefits.

KYHealthNet now has a panel for entering missed and cancelled appointments. The Commonwealth recognizes a member missing an appointment or canceling with little notice is a loss of revenue for your organization and prevents another member quicker access to services. Please take a few seconds to provide us with information about missed or canceled appointments so we can act to reduce those cases through outreach and, if appropriate, care management. On the new system panel, enter information when a Medicaid patient misses or cancels a scheduled appointment(s). You will find a User Guide and Video that may answer any questions you may have about entering information on this new panel posted on the Department's website at www.chfs.ky.gov

Timely Filing Guidelines

Timely Filing Requirements

Providers should submit timely, complete, and accurate claims to ABHKY. Untimely claims will be denied when they are submitted past the timely filing deadline. Unless otherwise stated in the provider agreement, the following guidelines apply.

Provider/Claim Type	Guideline
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 claims	Providers have 24 months from the date of the first remittance advice to contact Aetna Better health to request an adjustment or for Aetna Better Health of Kentucky to receive a correct claim

Coordination of Benefits

Coordination of Benefits

Members may have more than one insurance plan. When this happens, the two insurance plans work together to pay claims for the same person. This process is called coordination of benefits.

In the event ABH is the secondary payer, COB claims must be submitted within 365 days after final determination by the primary payer.

All explanations of payment or denials from the member's primary carrier must be submitted with the claim and should be sent to:

Aetna Better Health of Kentucky
P.O. Box 65195
Phoenix, AZ 85082-5195

NOTE: If Medicare is the primary payer, claims will automatically crossover to the plan once Medicare has processed and made a determination.



Coordination of Benefits

Pursuant to federal law, Medicaid is the payer of last resort. As a Medicaid managed care organization, Aetna Better Health will be considered the payer of last resort when other coverage for a member is identified. Aetna Better Health shall be used as a source of payment for covered services only after all other sources of payment have been exhausted. The only exceptions to this policy are claims for:

- EPSDT Special Services
- Maternity claims through postpartum (except delivery)
- Preventative pediatric services
- Children having other insurance through Title IV Court Support Order

Questions related to subrogation claims should be directed to Claims Customer Service at 1-855-300- 5528.

COB claims must be received by Aetna Better Health within 365 days from the member's primary carrier remittance advice date. A copy of the primary carrier remittance advice must accompany the claim.

COB with Medicare: Claims will be paid the lesser of Aetna Better Health of Kentucky's primary payment or member responsibility.

COB with Commercial: Claims will be paid the difference of the Aetna Better Health of Kentucky's allowance and the Commercial carrier's payment.

Third Party Liability (TPL) claims will be pursued by Aetna Better Health based on requirements and/or limitations under the Aetna Better Health contract with the Commonwealth of Kentucky.

Providers who identify a member with primary insurance that has been terminated should call Member Services at **1-855-300-5528**.

The coverage termination date should be clearly stated on the primary insurance letterhead or a primary insurance website screen print.

**Questions? We've got your back.
Just call our Network Relations
Department at 1-855-454-0061 or
contact your Network Manager
directly at any time.**





Aetna Better Health® of Kentucky







Network Relations Contact Information & Coverage Areas




Aetna Better Health of Kentucky takes great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service. We are committed to making sure our providers receive the best and latest information, technology, and tools available to ensure their success and their ability to provide for our members. We focus on operational excellence, constantly striving to eliminate redundancy and streamline processes for the benefit and value of all our partners.

Our Network Relations Team is assigned to designated areas throughout the state and are located within the communities in which they serve. This team is dedicated to meeting the needs of you, our providers. We are subject matter experts and are available to providers for education, training, and support. We assign every participating provider a Network Manager.

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.		
Credentialing applications, forms, and updates along with any demographic updates and terminations should be sent directly to: KyProviderUpdates@aetna.com		
General forms, ERA enrollments, or general questions can be sent to KYProviderRelations@aetna.com		
Supporting Kentucky Youth, SKY Liaison Statewide		<p>Michelle Marrs Network Relations Manager, SKY Liaison 859-221-4737 MarrsM@Aetna.com</p>
	<p>Supporting Kentucky Youth - Statewide Region 3 Behavioral Health Providers All Regions - Community Mental Health Centers</p>	<p>Dustin Johnson SKY Network Manager 502-648-6526 Johnsond38@Aetna.com</p>



Behavioral Health Providers Region 5 Region 6 Region 7 Region 8		Holly Smith Network Relations Manager 815-641-7411 Smithh3@Aetna.com
 Association of Primary Care Physicians Community of Health Partners Cooperative Care Network Epharim McDowell Kentucky Primary Care Association The Physicians Network		Becky Marcum Network Relations Manager (606) 350-0579 marcumr@aetna.com
Baptist Health System King's Daughters Medical System LifePoint Health System Norton Healthcare System St. Claire Medical Center University of Kentucky System University of Louisville System		Trista Gibson Network Manager 606-305-2705 GibsonT1@Aetna.com
Region 1 Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, McCracken Region 2 Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster Providers in the state of Indiana		Gina Gullo Network Relations Manager 502-612-9958 Rlgullo@Aetna.com
 Region 3 Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington		Connie Edelen Network Relations Manager 502-240-2122 Czedelen@Aetna.com
Region 4 Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne Providers in the state of Tennessee		Sammie Asher Network Relations Manager 606-401-1573 Ashers@Aetna.com

	<p>Region 5 Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jackson, Jessamine, Lincoln, Madison, Mercer, Montgomery, Nicholas, Owen, Powell, Rockcastle, Scott, Woodford</p> <p>All other states excluding: IN, OH, TN, VA, & WV</p>	<p>Becky Bowman Network Relations Manager 502-214-0399 BowmanB@Aetna.com</p>
<p>Region 6 Boone, Campbell, Gallatin, Grant, Kenton, Pendleton CHI Saint Joseph Medical Group (Kentucky One)</p> <p>Providers in the state of Ohio and West Virginia</p>		<p>Jacquelyne Pack Network Manager 606-331-1075 Jmpack@Aetna.com</p>
	<p>Region 7 Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan</p> <p>Region 8 Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott, Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Morgan, Owsley, Perry, Pike, Whitley, Wolfe</p> <p>Providers in the state of Virginia</p>	<p>Krystal Risner Network Manager 606-687-0310 Risnerk@Aetna.com</p>

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

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

Functionality examples include:

Eligibility and member benefits look up

EFT registration

Claim status look up

Online claim submission

PA submission and look up

Grievance and appeals submission



Network Manager Spotlight

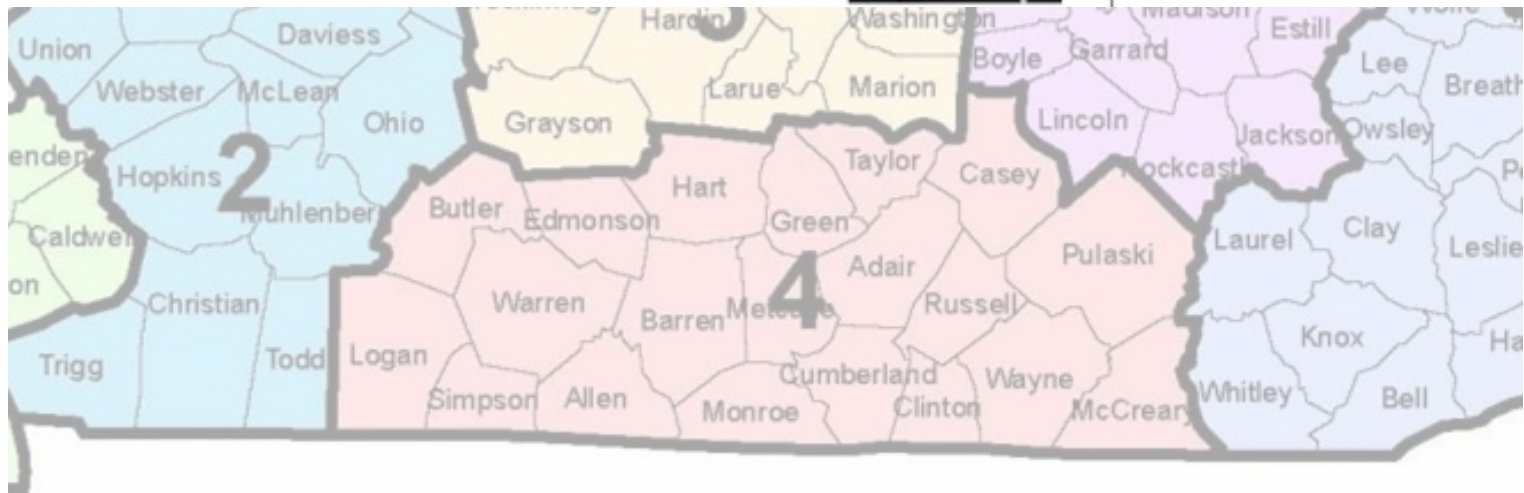
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Providers in the state of Tennessee





Thank you



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