



**Aetna Better Health<sup>®</sup>  
of Kentucky**

# PROVIDER NEWSLETTER

3rd Quarter 2025



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## It's ALL ABOUT YOU!!!!

At ABHKY, we're committed to keeping you informed with the right information at the right time—tailored to your needs.

To help us serve you better, please take a moment to review and update the contact information for yourself and your organization by clicking the link below.

Thank you for helping us stay connected!

[CLICK  
HERE](#)

**QUESTIONS??? We've Got Your Back**

Our Network Relations  
help center is always available at  
1-855-300-5528 (TTY: 711).

To ensure continued access to care and compliance with regulatory standards, it is essential that all provider terms are submitted to the health plan in a timely manner. Timely updates help us maintain accurate provider directories and ensure network adequacy for our members.

Please submit all provider terms to [KYProviderUpdates@aetna.com](mailto:KYProviderUpdates@aetna.com) using our [Provider Change or Update Form \(Form 100121\)](#).

Thank you for your partnership in supporting quality care and access for our members.



**As our Network Relations Department resumes in-field operations, we encourage you to use the contact options below to ensure timely resolution of your inquiries.**

## Aetna Better Health of Kentucky Online Resources

### Provider Website:

- Manuals, quick links, and more
  - [aetnabetterhealth.com/kentucky/providers](http://aetnabetterhealth.com/kentucky/providers)

### Availity Portal:

- Real-time enrollment, claims, eligibility, prior authorizations, grievances, and appeals
  - [apps.availity.com](http://apps.availity.com)

### ECHO Health:

- EFT/ERA setup
  - [enrollments.echohealthinc.com](http://enrollments.echohealthinc.com)

### Credentialing & Updates

- Email for applications, updates, terminations:
  - [KyProviderUpdates@aetna.com](mailto:KyProviderUpdates@aetna.com)

### Contact Us Web Form

- Use for: Demographic changes, provider adds/terms, W-9s, etc.
    - [Contact Us for Providers | Aetna Medicaid Kentucky](#)
- You will receive a confirmation email + case number within 48 hours

### Phone Support

- Call: 1-855-300-5528
  - Press \* for Healthcare Provider
  - Choose: Claims, Appeals, Eligibility, Authorizations, or More Options
  - “More Options” includes: Fraud, Pharmacy Help Desk, Provider Services

# Targeted Case Management

Effective **July 1, 2025**, **prior authorization is now required** for all individuals receiving TCM services. This requirement applies to any claim representing a **new month of service** (whether on a rolling or calendar month) **beginning on or after July 1, 2025**.

To accommodate providers that may be providing services in a rolling month, we would like to clarify that **prior authorization is required to reimburse TCM for individuals who have the first day of the service month on or after 7/1/2025**.

Typically, providers submit TCM claims with the “start” and “end” date on the claim as the same date, which represents the last day of the TCM service period. To account for rolling month billing, **if the last day of the TCM service month is 7/1- 7/30/25, prior authorization is not required**. For example, if 7/15/25 is the start and end date on the claim, a prior authorization is not required because this would indicate the last day of the TCM service month is 7/15/25.

For new recipients of TCM who are initiating TCM services with a start date on or after 7/1/25, **providers may submit prior authorization requests up to (14) calendar days prior to the intended start date and up to (14) calendar days after the intended start date of the service month**. For a recipient starting TCM on 7/3/2025 for example, the PA request could be submitted any time between 6/19/25 and 7/17/25.

Providers may request up to (3) units/months of TCM per request. You will receive a decision letter outlining the dates.

Providers may submit prior authorization requests for TCM electronically through the ***Availity Portal*** or via Fax:

Outpatient Behavioral Health: 855-301-1564

Outpatient SKY Behavioral Health: 833-689-1424

## TCM Billing

Note that Aetna **defines a rolling month as a minimum of (28) days** for billing purposes, meaning there must be a **minimum of (28) days** between the end date of service for Targeted Case Management (TCM) and the start date for the following month of TCM services. This means that the start date on the claim for the next month of TCM services must start on or after the 29th day from the end date of the previous claim for TCM services.

- For example, if a provider bills a TCM claim with an end date of 6/2/25, the next claim for TCM must have a start date on or after 7/1/25
- It is important for providers submitting TCM prior authorization requests to clearly identify the Start and End of the TCM service period being requested.

## Documentation & Information to Include with TCM Prior Authorization Requests

In addition to the information included on the prior authorization form, the following will be required.

- Name of the Targeted Case Manager
- Name of the Targeted Case Manager Supervisor
- Type of TCM being requested (HE, UA, TG, HF)
- Recipient Diagnoses
- The date TCM was initiated.
- Copy of the most recent TCM Assessment
- Copy of the most recent TCM Care Plan (or overall care plan that has specific TCM section for TCM goals/objectives).
- Documentation supporting applicable TCM eligibility criteria. For example,
  - A copy of the assessment by a licensed behavioral health professional demonstrating a recipient is meeting diagnosis, disability, and duration criteria for targeted case management for individuals with a severe mental illness (SMI).
  - Documentation of the recipient’s chronic or complex physical health diagnosis that

is signed and dated by a qualified medical professional for individuals with a mental health or substance use disorder and chronic or complex physical health issues. A copy of the assessment by a licensed behavioral health professional supporting the recipient meets criteria for the designation of Severe Emotional Disability (SED).

Please see our previously published network notice here:

[Prior Authorization Resumes for Select Behavioral Health Services](#)

## Training & Support:

To further support our provider community during the implementation of these new processes, Aetna Better Health of Kentucky has extended our highly attended Virtual Office Hours sessions.

These sessions are designed to offer timely guidance and clarification. As always, a live Q&A is available during each session to address any specific questions or concerns you may have. We encourage you to attend and take advantage of this opportunity to engage directly with our team.

## Virtual Office Hours Extended Schedule & Registration Links:

- October 29, 2025 / 10:00am est. - [Click Here to Register](#)
- November 19, 2025 / 10:00am est. [Click Here to Register](#)
- December 17, 2025 / 10:00am est [Click Here to Register](#)

For additional information and to review all related policies and information, please visit our website here: <https://www.aetnabetterhealth.com/kentucky/providers/newsletters.html>

During these sessions, we will share **lessons learned** and **tips** gathered from our Utilization Management (UM) department, focusing on **commonly seen errors** and how to avoid them. These insights are designed to support your team and improve the accuracy and efficiency of submissions.

We encourage all providers to attend and take advantage of this opportunity to strengthen workflows and reduce avoidable delays.

Thank you for your continued partnership and commitment to delivering high-quality care.

## You can request behavioral health authorizations via the following methods:

### Telephonic Request:

- 1- 855-300-5528; At the time of the call, callers will be provided a reference number and a designated call back timeframe.

### Fax Request:

- Behavioral Health: 1-855-301-1564
- SKY Members only: 1-833-689-1424
- Psychological Testing: 1-844-885-0699

### Availity Portal Request

- <https://apps.availity.com/web/onboarding/availity-fr-ui/#/login>

## Don't Forget....

You can stay up to date on the latest provider news and helpful info.

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



# Appeal and Grievance

## REMINDERS

### Where to send Claims Correspondence and requests for Appeal and Grievance.

#### **Claim Resubmissions for Correction or Reconsideration**

Resubmission of a corrected claim or resubmission of a claim with the missing documentation to meet clean claim criteria. If you are mailing hard copy claims or claim resubmissions for reconsideration, please direct those to:

**Aetna Better Health of Kentucky**

**Attn: Corrected Claims**

PO Box 982969

El Paso, TX 79998-2969

Claim resubmissions for correction or reconsideration should be clearly marked on the envelope and the first page of the request.

#### **Appeals and Grievances**

Whenever possible please submit your appeal, complaint or grievance electronically. It is preferred that you submit appeals through the Availity provider portal using the direct application:

<https://apps.availity.com/availity/web/public.elegant.login>

or you may submit by fax to: **855-454-5585**.

If you prefer to mail hard copy requests for appeal, complaint or grievance, they must be sent to

**Aetna Better Health of Kentucky**

PO Box 81040  
5801 Postal Road  
Cleveland, OH 44181

For all requests **only submit the medical records relevant to your request and indicate which pages support your request.** If you are submitting multiple claims by hard copy or fax in one submission you must use physical barriers (elastic, paper clip, binder clip, sheet of blank colored paper etc.) for each claim.

Please remember to include accurate contact information with your request. Additional information may be needed to process your appeal or grievance and we may need to contact you to gather this information in a timely manner.

All requests for appeal must be submitted through the Availity portal or through the above address to maintain the original received date.

#### **ADDITIONAL A&G REMINDERS:**

- Providers must submit an appeal or grievance request (Appeal and Grievance forms are available for use) for each member and clearly state the request
- Providers must include each claim number needing attention for each member
- If medical records are needed, providers must attach them to the request
- Providers must send individual requests for each member
- Providers or 3<sup>rd</sup> parties must include a contact person, their phone number, and an address to send the decision letter to if it is different from the provider's address.

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## **PRIOR AUTHORIZATION CONTACT INFORMATION**

### **Medical**

Phone: 1-888-725-4969  
Fax: 1-855-454-5579

**SKY Medical:** 1-833-689-1422

**SKY Concurrent Review:** 1-833-689-1423

**SKY Behavioral Health:** 1-833-689-1424

### **Behavioral Health**

Phone: 1-855-300-5528  
Fax: 1-855-301-1564

**Psychological Testing:** 1-844-885-0699

### **Retro Review**

Phone: 1-888-470-0550, Opt. 8  
Fax: 1-855-336-6054

### **Pharmacy: MedImpact**

Phone: 1-844-336-2676  
Fax: 1-858-357-2412

### **Vision (Avesis)**

1-855-214-6777

### **Concurrent Review Inpatient Medical Requests -**

Fax: 1-855-454-5043  
Phone: 888-470-0550  
*Submission also available through  
Availity*

### **Dental (Skygen)**

1-855-454-0061

### **Radiology/Pain Management (eviCore)**

1-888-693-3211

*If you have a **retrospective review request** where the services have already been rendered, Please send these your request to:*

***Kentucky Medical Retrospective review @ 855-336-6054***

# CPT® II Codes Incentive Program

Aetna Better Health® of Kentucky offers reimbursement for the utilization of Current Procedural Terminology (CPT®) Category II codes related to Pre- and Postnatal Care (PPC), Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) and Comprehensive Diabetes Care (CDC).

**Providers can earn an additional \$25 by adding specific CPT® II codes to claims. This incentive program began on April 1, 2025, and will run through December 31, 2025.**

## What are CPT® II Codes?

CPT® II codes are supplemental tracking codes that can be used for performance measurement to help track the delivery of quality care. The codes also simplify how performance measures are reported and eliminate the need for chart abstraction. Providers can use these codes to report specific services that contribute to positive outcomes and high-quality care. For more information see additional details below.

## Benefits

Using proper CPT® II Codes can help streamline administrative processes and close gaps in care like poorly controlled blood pressure.

The CPT® II Codes were developed by the American Medical Association (AMA) and improve the quality of care through Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures. Aetna Better Health is pleased to offer this CPT® II Code incentive program to lessen the burden on our healthcare providers while closing gaps in care. "Health Happens Together!"

**Your partner in providing quality healthcare,**

**Nicole R. Flora MD**, *Chief Medical Officer Aetna Better Health Kentucky*

**Susan Vickers CPHQ**, *Quality Director, Aetna Better Health of Kentucky*

## Eligible CPT® II Codes for the Incentive Program HEDIS® Measures

### Comprehensive Diabetes Care (CDC)

**The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:**

- Hemoglobin A1c (HbA1c) testing (one CPT 2 per one member)
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Eye exam (retinal) performed
- Medical attention for nephropathy

Description	CPT® II Codes	Incentive
No evidence of diabetic retinopathy	2023F (New) 2025F (New) 3072F (No evidence of retinopathy in the prior year exam)	\$25
Evidence of diabetic retinopathy	2022F (Revised) 2024F (Revised)	\$25

HbA1c Level	3044F 3046F	\$25
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### Prenatal and Postpartum Care (PPC)

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
- Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Description	CPT® II Codes	Incentive
Stand Alone Prenatal Visits	0500F, 0501F, 0502F	\$25
Postpartum Visits	0503F	\$25

### Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and received blood glucose and cholesterol testing.

**Description**

**CPT® II Codes**

Description	CPT® II Codes	Incentive
HbA1c Level	3044F <7.0% 3046F ≥ 9.0% 3051F ≥7.0% and <8.0% 3052F ≥8.0% and ≤9.0%	\$25
LDL-C	3048F (<100 mg/dL) 3049F 100-129 mg/dL 3050F ≤130 mg/dL	\$25

As always, do not hesitate to contact your Aetna Better Health Provider Relations Representative with any questions or comments.

# What is Care Management

## Unmatched Support

Management (ICM) Program is to coordinate and facilitate care and services for our members through seamless delivery of a high quality, person-centered approach.

## The focus of ICM

To support members in achieving improved overall health and wellness by:

- Address biopsychosocial needs of our members
- Collaborating with members to develop individualized care plans that address their

- medical, social, emotional, and cultural needs
- Providing education and resources for managing chronic and complex health conditions
- Assisting with navigation of the health care system and serving as a central point of contact between providers, members, and their families
- Empowering members through education, advocacy, and coordinated care to enhance quality of life and health outcomes
- Addressing social determinants of health (SDoH) and cultural barriers in tandem with acute and chronic health conditions

## You're Not Alone in Caring for Your Patients

As a provider, your dedication to your patient is invaluable—and you don't have to do it alone. Our Care Management team is here to partner with you and your staff to ensure each member receives the highest level of support. Together, we can address not only medical needs, but also the social, emotional, and cultural factors that impact health and wellness.

## Care Management Benefits and Services

Members identified with special health care needs or complex medical conditions are eligible to participate in ABHKY Care Management program. Our team of specially trained nurses and behavioral health professionals offers an added layer of support - providing personalized education, coordinating care, and connecting members with the resources they need to manage their health more effectively.

Some of the conditions that our case managers can assist with are:

- Asthma
- Co-morbid conditions
- Catastrophic illness or injury
- Mental Health diagnosis
- CHF (Congestive Heart Failure)
- Diabetes
- Chronic Kidney Disease
- Transition of Care
- COPD (Chronic Obstructive Pulmonary Disease)
- Substance Use Disorder

In addition to helping members with special medical needs, we also have programs for:

- High-risk pregnancy.
- Pregnant women affected by substance abuse and their babies after delivery
- Behavioral Health Program
- Compassionate Care Program
- Transplant
- NICU-babies needing Neonatal intensive care after delivery
- Re-entry program- Currently Start Strong (Support individuals transitioning back into the community after incarceration).
- Guardian Angel Program (members identified as a result of an emergency room visit due to an opioid overdose)
- Lock-in (members identified due to over-utilization of provider, pharmacy or non-emergent services provided in an emergent setting)
- PPEC- Prescribed Pediatric Extended Care (Medical Day Care for Children)

## SKY Interventions

All SKY members are enrolled in Care Management which assists in directing them to the multitude of available special programs such as:

- LACES - for members identified as deaf or hard of hearing offering supports to help improve members language acquisition and communication.
- Behavioral Health Discharge Program - Aetna has worked with the child/adolescent psychiatric hospitals to identify a single point of contact for in each of the facilities to streamline communications regarding transition of care planning.
- Psychotropic Polypharmacy Initiative
- Child & Adolescent Nutrition & Wellness
- Behavioral Health Liaison
- High Fidelity Wrap Around services
- Peer Support Services
- Coordinated care, including physical, behavioral, dental and social services
- 24/7 Nurse Hotline
- 24/7 Behavioral Health Hotlines
- Aetna Better Care Rewards Incentives require NO action on behalf of the member to

receive these benefits. Aetna will automatically send the gift cards following doctor's appointments.

- \$20 for Follow-Up Visit with Mental Health Practitioner
- \$25 HRA Incentive
- \$25 for completion of HPV vaccine series before 13<sup>th</sup> birthday
- \$25 for completion of two infant flu vaccines
- \$50 for completion of six well child visits before age 15 months
- Training and Education – Various trainings offered and given to providers, members, families and other stakeholders. Please visit our training calendar for more details. CEU's and foster parent credits available when applicable.

### How reach the ABHKY CM Team:

Contact Medicaid Member Services at **1-800-635-2570** and simply ask for Care Management or email: **CCofKYCaseMGMT@aetna.com**

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# Bringing Support

## Community Health Workers

Aetna Better Health of Kentucky employs Community Health Workers (CHWs). Our CHWs are members of the community who serve as a bridge between the member and the healthcare system through outreach and education. Their role is meant to facilitate access to services and improve the quality and cultural competence of service delivery.

For questions about how to access Aetna CHW services email us at [PHM\\_ABHKY@aetna.com](mailto:PHM_ABHKY@aetna.com).

## Integrated Care Management

If you have patients that need care management or if you have any questions about these services, call Member Services at 1-855-300-5528, Monday through Friday 7 AM to 7 PM Eastern time and ask to speak to Care Management.

## Shared Decision Making (SDM)

SDM is not about information but conversations, not about empowerment or choice, but to respond well to patient problems. Shared decision-making aids are communication tools used as a way for providers and patients to make informed health care decisions based on what is important to the patient. They do not replace physician guidance but are intended to help complement the discussions between patients and physicians on treatment decisions.

Purpose: To create care that best responds medically, practically, emotionally, and existentially to each patient's problems

- Personalize care with person centered care conversations
- Develop a partnership based on empathy, exchanging information about the

available options,

- Deliberate while considering the potential consequences of each one,
- Make a decision by consensus

**Below are evidence-based aids from Mayo Clinic Shared Decision Making National Resource Center that provide information about treatment options, lifestyle changes, and outcomes that can be used during a clinical encounter.**

- [Mayo Clinic | Care that fits](#)
- [Statin Choice | Mayo Clinic](#)
- [Depression Medication Choice | Mayo Clinic](#)
- [Cardiovascular Primary Prevention Choice | Mayo Clinic](#)
- [My Life My Healthcare Toolkit and Conversation Guide](#)



# SKY

## High Fidelity WrapAround and Peer Support Specialists

**High Fidelity WrapAround** is a Family-driven, team-based process for planning and implementing services and supports. It is designed to help youth and families get their current needs met, learn new skills to better manage their behavior and life, and develop the skills and resources to manage a crisis after wraparound.

**Peer Support Specialists** bring their shared lived experience in order to assist parents and caregivers to increase their education about services, navigational skills and advocacy skills. They help empower families to become active participants in their child's services.

**For more information on these programs, reach out to:**  
Sarah Thames High Fidelity WrapAround Program Manager  
Elizabeth Combs Peer Support Specialists Program Manager

## This is how we

# "ROLE"

## Trainings to support our Providers



The Aetna® provider network is designed to support the complex needs of SKY members beyond traditional facilities, clinics and providers.

It also includes community advocates, peer support, specialty pharmacies and family/caregivers. Our network of hospitals and specialists, including both physical and behavioral health providers, serves as the foundation to meet the needs of SKY members.

We offer **special trainings** to providers serving SKY members. We'll help you understand how to serve our members receiving adoption assistance or Involved with the Department of Juvenile Justice. These training are also available upon request to any network provider.

Please reach out to Michelle Marrs, [marrsm@aetna.com](mailto:marrsm@aetna.com) for additional SKY information or to schedule trainings for your individual group or practice.

For additional information on SKY, please visit:

<https://www.aetnabetterhealth.com/kentucky/supporting-kentucky-youth.html>

## Welcome to SKY for Providers -

- This training includes a high level overview of the SKY program and how provider collaboration is key to making systematic change in the foster care system.

*2nd Thursday each month 11am to 12pm EST*

## New Provider Orientation, includes SKY -

- This training is for all new providers. It will include an overview of billing, claims processing, prior authorizations and more. It also includes the Sky overview piece.

*3rd Thursday each month 10:30am to 12pm EST*



Visit our News and Events page for registrations and links to Join.

[News and Events](#)

## Upcoming Training Spotlight

**CORE Teen Training Series, Session 4:**  
Nurturing Youth's Cultural/Racial/Ethnic Needs and Sexual Orientation/Gender

Wednesday, October 22, 2025 |  
12am- 2pm EST  
[Click here to Register](#)

Identity and Expression	
<b>Grief and Loss Training Series</b> Session 3: Managing Suicide Losses as a Professional	Wednesday, October 24, 2025   1pm- 2pm EST  <a href="#">Click here to Register</a>
UK Center on Trauma and Children <b>Trauma Informed Care Virtual Training,</b> Sponsored by Aetna <i>CEUs are available for Social Work, EILA, LPCC/A and Psychology</i>	Friday, November 7, 2025 9am-12pm EST  <a href="#">Click here to Register</a>
<b>Mental Health Crisis Intervention Training</b>	Tuesday, November 11, 2025 10am - 11am EST  <a href="#">Click here to Register</a>



“All young people, regardless of what they look like, which religion they follow, who they love, or the gender they identify with, deserve the chance to dream and grow in a loving, permanent home.”

— President Obama, National Foster Care Month 2015 Presidential Proclamation

[Learn More About SKY](#)



CONNECT WITH US  
AND JOIN THE CONVERSATION



## Don't Forget

Send any Provider Directory Updates to  
[kyproviderupdates@aetna.com](mailto:kyproviderupdates@aetna.com)

- NEW OFFICE ADDRESS
- NEW OFFICE PHONE NUMBER
- CHANGES IN PANEL INFORMATION

We rely on your communication of changes to keep our directory updated.

Aetna Better Health of Kentucky | 9900 Corporate Campus Drive Suite 1000 | Louisville , KY  
40223 US

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