Aetna Better Health® of West Virginia Provider Bulletin

Vol. 3, February XX, 2020

A Message from Todd White President, CEO Aetna Better Health of West Virginia

I am pleased to announce that Kathy Szafran has been selected to lead Aetna's Mountain Health Promise (MHP) program. Many of you know and have worked with Kathy during her tenure as the President and CEO of Crittenton Services of West Virginia. Her 25 years of service and advocacy for children across our state is testimony to the commitment she will bring to the MHP program. We are extremely fortunate to have Kathy lead our effort.

Over the years Kathy has presented workshops at numerous national conferences and she has presented at Congressional briefings related to gender responsive-trauma focused care for marginalized girls. In 2016 she presented at The White House, specific to trauma-informed approaches in schools. She successfully integrated the ARC (Attachment, Self-Regulation and Competency) trauma-treatment framework into both residential and rural community based behavioral health services.

Kathy is currently a peer reviewer and team leader for the Council on Accreditation, a Co-Chair of the West Virginia ACEs Coalition, and a Board member for West Virginia Kids Count and the Sexual Assault Help Center.

Kathy is a recipient of the Commissioner's Award from the US Department of Health and Human Services, Committee on Child Sexual Abuse. She holds a master's degree from West Virginia University and is a Licensed Professional Counselor with a certification in Traumatic Stress Studies from the Trauma Center at the Justice Resource Center.

Please join me in "welcoming" Kathy to her new position.

Provider Guidance /Instruction

The following instructions are intended to assist you in complying with Aetna's prior authorization and claims submission requirements and to facilitate your transition to the Mountain Health Promise program.

Prior Authorization and Continued Stay:

- ▶ Aetna is honoring all authorizations in place prior to March 1, 2020 for 90 days
- ► Review criteria to be used for residential services will be the existing State criteria, (see site below)..

- https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20503%2
 OLicensed%20Behavioral%20Health%20Centers/Chapter%20503%20Appendix%20F%20FinalApproved.pdf
- ▶ Initial approval will be for 90 days for Levels I-III and 30 days for Level IV, subsequent authorizations will be up to 90 days for Level I-IV
- ► The Care Connection form will not be an option at this time, requests for prior authorization need to be submitted via phone or fax
 - o Prior Authorization Direct Phone Line- 1-844-835-4930;
 - o Direct fax line- 1-866-366-7008
- ▶ Providers are encouraged to use the Aetna Better Health of WV Provider Portal to view authorizations and claims. Please contact your Relations Representative for additional information and instruction on using the Portal
- ► Court Ordered Treatment prior authorization is required the next business day (standard, not-urgent requests)
- ► Any new admissions as of March 1, 2020 will need a new authorization to be submitted
- ▶ We will be developing a Medical Management "Fact Sheet" for providers. You will be notified when the "Fact Sheet" is available.
- ▶ We are working on creating a simplified Prior Authorization form for residential treatment requests (prior to March 1, 2020). Additional details will be forthcoming.
- ▶ Aetna Better Health of WV can send an UM Supervisor on site to work with residential providers on our criteria and related matters. Webinars covering these topics will also be offered. You are encouraged to utilize this resource.
- ► Care Managers can be located at residential facilities a couple of days per week. This will allow the Case Manager to meet with members face to face and support ongoing treatment planning with you and your clinical staff,
- ► ProPat, our online prior authorization look-up tool, is available in the secure Provider Portal. Please contact your Relations Representative for additional information and instruction on using the Portal

Claims Submission and Payment

- ▶ Providers may submit claims electronical or by paper.
 - Electronic Submission
 Payer ID # 128WV
 Change Healthcare is ABH of WV's Clearinghouse
 - Paper Claims are to be Submitted to:
 Aetna Better Health of WV
 PO Box 67450
 Phoenix, AZ 85082-7450
- ► Timely filing for initial clean claim is 365 days from DOS
- ► Timely filing for corrected claims or documents requested for review is 120 days from the original remittance date
- ► Claim reconsiderations must be submitted with copy of claim and medical records to the claims address above with the reconsideration form, or cover letter stating it is a reconsideration
- ▶ Aetna will be following State billing guidelines for H0019 treatment code

- o H0019 should be the first line of the claim, with all billed charges
- Detail codes should be on subsequent lines with \$0 billed charges
- Codes billable outside the bundled rate should be submitted on a separate HCFA
 1500 form

We trust you and your staff will find these instructions helpful. If you have questions regarding these instructions or other matters related to your Aetna Better Health of WV participation feel free to contact Sarah White, our Provider Relations Manager (304-348-2089, SEWhite@aetna.com).

Virtual Office Chat Sessions

Aetna Better Health of WV's Virtual Office Chat Sessions are held every Friday from 9 AM to 10 AM. Our first session was conducted on Friday, January 24, 2020. Two subsequent calls have occurred.

Our next call is scheduled for Friday, February 14. Kathy Szafran, Executive Director, Aetna's Mountain Health Promise (MHP) program will be our featured presenter.

Providers may access the Session by calling **1-844-712-3250 and using Access Code 717 079 411.** Lisa Sentich, an Aetna Provider Relations representative will host the call. If you have problems accessing the session, please send a message to Lisa Sentich at SentichL@aetna.com.

Schedule of Virtual Office Chat Sessions:

Date	Featured Topic
1/24/2020	Contracting /Credentialing. Overview of Prov Rel role and resource
1/31/2020	Medical Management
2/7/2020	Billing / Claims
2/14/2020	MHP Update – Kathy Szafran
2/21/2020	Member Service
2/28/2020	Quality
3/6/2020	Go Live Status Check
3/13/2020	TBD
3/20/2020	TBD
3/27/2020	TBD

NOTE: Topics are subject to modification.

Aetna Contacts:

If you have questions that require immediate attention, feel free to contact one of our Aetna Provider Relations Associates. Attached is a map that identifies the Provider Relations Associate that supports your region, or you may contact **Sarah White, our Provider Relations Manager** (304-348-2089, SEWhite@aetna.com).

Please share a copy of Aetna's Provider Bulletin with others throughout your organization. The information provided is intended to inform you and others on critical program and service matters.

