



# AETNA BETTER HEALTH<sup>®</sup> OF WEST VIRGINIA

## Molina Medicaid Workshop

Fall 2016



# Aetna Better Health of West Virginia

Effective September 26, 2016 CoventryCares of West Virginia became Aetna Better Health of West Virginia.




# Our Core Values



# Member ID Cards


## Mountain Health Trust

**AETNA BETTER HEALTH® OF WEST VIRGINIA** 


**Name** Last Name, First Name  
**Member/State ID #** 0000000000 **DOB** 00/00/0000 **Sex** X

**PCP** Last Name, First Name  
**PCP Phone** 000-000-0000 **Effective Date** 00/00/0000

**RxBIN:** 610591 **RxPCN:** ADV **RxGRP:** RX8838  
Pharmacist Use Only: 1-855-722-6225


 **CVS caremark™**

Paid fee for service by WV Medicaid: Nursing facility  
[www.aetnabetterhealth.com/wv](http://www.aetnabetterhealth.com/wv)



THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MEWV981


## WV Health Bridges

**AETNA BETTER HEALTH® OF WEST VIRGINIA** 


**Name** Last Name, First Name  
**Member/State ID #** 0000000000 **DOB** 00/00/0000 **Sex** X

**PCP** Last Name, First Name  
**PCP Phone** 000-000-0000 **Effective Date** 00/00/0000

**RxBIN:** 610591 **RxPCN:** ADV **RxGROUP:** RX8838  
Pharmacist Use Only: 1-855-722-6225

 **CVS caremark™**

Paid fee for service by WV Medicaid: Nursing facility  
[www.aetnabetterhealth.com/wv](http://www.aetnabetterhealth.com/wv)



THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. MEWV981

In case of an emergency go to the nearest emergency room or call 911.  
Keep this card with your State Medicaid Card. Show both cards every time  
you receive medical care.

### IMPORTANT NUMBERS FOR MEMBERS

Member Services	1-888-348-2922 (TTY: 711)
Behavioral Health	1-888-348-2922
24 Hour Nurse Line	1-855-200-5975
Vision	1-800-877-7195
Dental	1-888-983-4693

### IMPORTANT NUMBERS FOR PROVIDERS

Eligibility	1-888-348-2922
Authorization	1-844-835-4930

Submit claims to: P.O. Box 67450, Phoenix, AZ 85082-7450  
Payer ID 128WV

WV981

# Member ID Numbers

- As of **September 26, 2016** Aetna Better Health of West Virginia began using their Aetna Better Health ID Card
- Aetna Better Health will continue to accept the CoventryCares of West Virginia ID Card for **90 days** after September 26, 2016
- After **90 days**, the ID# on the Aetna Better Health of West Virginia ID card will be required

# Evicore Prior Authorization

- Effective **9/26/16**
- Will be managing prior authorizations for MRI, PET, CT, and Interventional Pain Management
- Authorization can be requested via phone, fax or web portal:
  - Phone **1-888-693-3211**
  - Fax **1-888-693-3210**
  - Web **<https://myportal.medsolutions.com>**

# Provider Portal

**The Secure provider web portal will allow Aetna Better Health of West Virginia providers to:**

- Search member eligibility and verify enrollment
- Search and initiate authorizations (CareWebQI)
- Search claims status
- View claim detail, explanation of benefits, and remittance advice
- View provider lists and panel roster
- Contact the health plan via secure messaging
- Review HEDIS gaps in care

## **Provider portal access**

- Providers can access the new provider portal at [www.aetnabetterhealth.com/westvirginia](http://www.aetnabetterhealth.com/westvirginia)

# Provider Portal Registration

- **Providers should register for the provider web portal. To get started:**
  - Complete the web portal registration form
  - Submit web portal registration form to Provider Relations
  - Review our provider web portal navigation guide
  - If you'd like help registering or would like a demonstration, contact Provider Relations at **1-888-348-2922**
- **Each TIN will have one account, with a primary administrator.**
  - The primary administrator can add authorized representatives within their office to their account



# Sterilization Form Changes

- **Sterilization form should be submitted with the claim**
- **Claims rep will verify that the form is completed in a manner that meets the guidelines set forth by BMS**
- **Claims submitted without the required consent form will be denied.**

# DME Prior Authorization Changes

- Effective 9/26/16 DME purchase will no longer require prior authorization based solely on the cost
- DME prior authorization will be based on the CPT code being billed
- Individual codes can be checked using Prior Authorization online tool

# Prior Authorization Changes

- **Outpatient observation up to 48 hours no longer requires prior authorization**
- **Be sure to check ProPat prior authorization requirement tool for code specific information**

# Prior Authorization Verification

The screenshot displays the Aetna Better Health website's Prior Authorization Search Tool. The top navigation bar includes links for Home, My Account, Tools, and Administration. The left sidebar contains a 'Tasks' section with links for Authorization Search, Claims Search, Search Remittances, Search Members, Panel Roster, and Search Providers. Below this is a 'Health Tools' section with links for PA Requirement Search Tool, Submit Authorizations, Case Management, Provider Report Management Tool, Register for EFT, and Register for ERA. A red arrow points to the 'PA Requirement Search Tool' link in the sidebar.

The main content area is titled 'About Authorization Search' and includes a note: 'You can see which services your provider(s) have asked us permission to perform. And you can see if they've been approved.' Below this is the 'Search Authorizations' section, which includes a note: 'Note: Please select a Provider Name.' The search filters are divided into two columns: 'Member/Provider Information' and 'Authorization Information'. The 'Member/Provider Information' column includes fields for 'Member Last Name' (with a search icon) and 'Provider Name\*' (with a dropdown arrow). The 'Authorization Information' column includes fields for 'Authorization ID', 'Authorization Status' (with a dropdown arrow), and 'Authorization Date Range' (with 'Date From (mm/dd/yyyy)' and 'Date To (mm/dd/yyyy)' fields). A red arrow points to the 'Provider Name\*' dropdown menu. At the bottom of the search filters are 'Search' and 'Cancel' buttons.

Below the search filters are sections for 'Search Results' and 'Search Tips'. The footer contains several sections: 'My Account' (User Details, Provider Details, Change Password, Change Secret Question, Inbox, Attachments, E-Referral), 'Tasks' (Authorization Search, Claims Search, Search Remittances, Search Members, Panel Roster, Search Providers), 'Administration' (User List, Add Users), 'Health Tools' (PA Requirement Search Tool, Submit Authorizations, Case Management, Provider Report Management Tool, Register for EFT, Register for ERA), 'Important Links' (Authorization, Submission User Questions? We're here to help. Guide, FAQ, Disclaimer, Sitemap, Referrals and Authorizations), and 'Contact Us' (Just call Provider Relations at 1-855-454-0061 or hearing impaired (TTY/TDD): 711. You can contact us here.). A red arrow points to the 'PA Requirement Search Tool' link in the 'Health Tools' section of the footer.

# Prior Authorization Verification



Wed., Dec. 30, 2015

**NEW** Site Feedback

Aetna Better Health of  
Kentucky  
Participating Provider Prior  
Authorization Requirement  
Search Tool

Participating Providers: To determine if prior authorization (PA) is required, enter up to six Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes or a CPT group and select SEARCH. Search result definitions:

- YES - Prior authorization request is required for this service.
- NO - Health plan does not require a prior authorization request for this service.
- NON-COV - CPT or HCPCS code entered is not a covered benefit by health plan.
- INVALID - CPT or HCPCS code entered was invalid, not found.
- EXPIRED - CPT or HCPCS code entered is no longer valid for use by health plan providers.

Exception Detail, Svc Partner Detail - When the  symbol is displayed for the code, place your cursor over the symbol to review additional information regarding PA submission or service partner requirements.

- 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.
- The five character codes included in the Aetna Medicaid PA Requirement Search Tool are obtained from Current Procedural Terminology (CPT), copyright 2010 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five-character identifying codes and modifiers for reporting medical services and procedures performed by physicians.
- If you have any questions about authorization requirements or need help with the search tool, contact Aetna Better Health of Kentucky Provider Relations at 1-855-454-0061.
- ALL inpatient and observation confinements require PA and usually ALL services provided by non-participating providers require PA.
- PA requirement results are valid as of today's date only. Future changes to CPT or Healthcare Common Procedure Coding System (HCPCS) codes that require PA will be communicated by Aetna Better Health in writing and on the home page of Aetna Better Health's secure web portal.
- Benefit coverage may vary by plan or may be subject to special conditions. For additional information regarding benefit coverage [click here](#) or call your provider services representative at 1-855-300-5528.
- Search results are not a guarantee of claim payment.
- Hearing Aids are covered for members < 21 with \$1600 benefit limit per 36 months; no coverage for members over 21 years of age.
- Hospice services require prior authorization. Note: Hospice Providers should only bill with the Revenue Codes listed below: 631- routine home care-routine services; 652 - Continuous Home Care -in periods of acute crisis (hourly); 653-Respite Care -limited time not to exceed five consecutive days; 656- General Inpatient-acute medical crisis patient may be hospitalized.
- DME, Medical Supplies, Enteral feeds, Prosthetics & Orthotics greater than \$500 purchased require prior authorization. All DME rentals require prior authorization.
- Dental Anesthesia (in an outpatient facility) requires prior authorization.
- Transplant services (including evaluation) require prior authorization.
- Metabolic Foods require prior authorization.
- All homecare services, including home infusion (Nursing/Therapy).
- For pharmacy prior authorizations, please contact 877-215-4100.
- Chiro-Visits 1-12 do not require prior authorization; Visits 13-26 require prior authorization.

Enter CPT or HCPCS Code(s)


OR Select CPT  
Group:

☐ Include only CPT or HCPCS codes where PA is  
required?

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

**Search** **Clear** **Export**

# Prior Authorization Verification

Enter CPT or HCPCS Code(s)


E0251	A4335	A4367
G0333		

OR Select CPT Group:

Select Plan:

☐ Include only CPT or HCPCS codes where PA is required?

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

CPT Code	CPT Description	CPT Group	PA Required?	Exception Detail	Svc Partner Detail
E0251	HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATTRESS	HCPCS - DME	YES		
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	HCPCS - MED-SURG SUPPLIES	YES		
A4367	OSTOMY BELT EACH	HCPCS - MED-SURG SUPPLIES	NO		
G0333	PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY	HCPCS - PROC/PROF SERVICES (TE	YES		

# Claims Submission

**All claims** for CoventryCares of West Virginia should be filed to **Aetna Better Health of West Virginia** beginning **September 26, 2016**.

All claims should be submitted on the most current claim forms.

New claims information for Aetna Better Health of West Virginia:

- **EDI payer ID**  
128WV
- **Claims mailing address**  
Aetna Better Health of West Virginia  
Attn: Claims Department  
P.O. Box 67450  
Phoenix, AZ 85082-7450
- Use **ABHWV** for other real time transaction with Emdeon  
(eligibility, authorizations, etc.)

# Thank you

