2015 Provider Forum
Effective February 1, 2016

CoventryCares of Kentucky

will become

Aetna Better Health of Kentucky
Our core values

- **Integrity**: We do the right thing for the right reason.
  - Be accountable and honor commitments
  - Behave ethically and act with integrity

- **Excellence**: We strive to deliver the highest quality and value possible through simple, easy and relevant solutions.
  - Be passionate about the people we serve
  - Set high expectations, be decisive and execute

- **Inspiration**: We inspire each other to explore ideas that can make the world a better place.
  - Be courageous, try new things and innovate
  - Coach, mentor and continuously learn

- **Caring**: We listen to and respect our customers and each other so we can act with insight, understanding and compassion.
  - Be collaborative, caring and optimistic
  - Be open to all voices and ideas
  - Trust and respect each other
  - Listen to customers, prioritize and deliver value
  - Anticipate the future and make a difference
  - Communicate with candor
Our members – the center of what we do

- Member Services & Member Advocates
- Quality Management
- Provider Relations & Provider Network
- Appeals & Grievances
- Medical Management
- Operations & Enrollment
- Collaborative Services
Our members – the center of what we do

Member Services & Member Advocates

Member
Member ID cards

• New ID cards will be mailed to members in late January to early February 2016
  – If the member does not have a new ID card, you can obtain enrollment verification at [http://aetnabetterhealth-kentucky.aetna.com](http://aetnabetterhealth-kentucky.aetna.com), available February 1, 2016

• Members can request a new copy of their card anytime by contacting Member Services at (855) 300-5528

• Please Note: A temporary ID card can no longer be faxed to a provider’s office.
Member ID numbers

- Aetna Better Health will use the existing Medicaid ID number issued by the Commonwealth of Kentucky
- Aetna Better Health will accept the CoventryCares ID number for 90 days after February 1, 2016
- As of May 1, 2016, Medicaid ID/Aetna Better Health of Kentucky ID will be required and the CoventryCares ID number will no longer be accepted
Member eligibility

- Aetna Better Health of Kentucky member eligibility can be verified through
- Member Services **(855) 300-5528**
- The Cabinet for Health and Family Services [https://sso.kymmis.com](https://sso.kymmis.com)

*Verifying current member eligibility through DirectProvider.com will be disabled as of February 1, 2016 for the Medicaid product*
Member Services

Member Services staff will be located in Kentucky
• Provide information on eligibility and benefits
• Assist providers with non-compliant members and/or discharges
• Assist members with available programs and resources
• Assist member in finding providers
• Assist members in filing grievances or appeals

Member Services can be reached at (855) 300-5528

Applies to behavioral and medical claims
Community Outreach

- Aetna Better Health of Kentucky has dedicated Community Outreach staff
- Work to be visible and accessible local resources for
  - Members
  - Potential members
  - Community partners
- Community Outreach staff work with Provider Relations staff to be a backup contact source within each region

Community Outreach can be reached at (855) 300-5528
Community Outreach

• **Community Outreach staff:**
  • Present curriculum on a variety of subjects
    • Personal hygiene (adapted to be age-appropriate in schools)
    • Bullying prevention
    • Oral health
    • Nutrition
    • Smoking cessation, and more
  • Certified Presenters in Chronic Disease management and Nurturing Families training
  • Participate in community events, organizations and meetings that reach members, potential members and community partners
  • Provide education and answers about our member benefits
  • Are a point of contact for member concerns

  **Community Outreach can be reached at (855) 300-5528**
Our members – the center of what we do
Quality Programs

- HEDIS
- Prevention and Wellness
- EPSDT
  - Monthly post card mailing & reminder calls
- Well Woman
  - Monthly birthday card mailing
- Member Advocates
- Patient Centered Medical Homes
- Readmission Prevention
- ED Utilization, Inpatient Admission & Readmission reports
Performance Improvement Projects

Decreasing Avoidable Hospital Readmissions

- **Focus:** Decreasing avoidable hospital readmissions by educating members on following their treatment plan and following up with their doctors upon discharge
- **Outreach:** Outreached to 6,118 unique members with a 3+ day inpatient stay within 2 weeks of discharge in 2014, and 3,618 year to date in 2015
- **Activity:** Quality and Case Management working to develop a program for Case Management to call every member discharged from an inpatient stay within 2 days. Preliminary testing to be done based on members with COPD and Heart related issues

Secondary Prevention by Supporting Families of Children with ADHD

- **Focus:** Offering enhanced and comprehensive services (behavioral therapy) to children with ADHD, as well as to their parents, increases the efficacy of treatment for the affected children
- **Outreach:** 1,372 members prescribed with ADHD medications and their prescribing physicians were contacted in 2014 with 684 year to date in 2015
- **Activity:** We are adding the “Follow up with Members with ADHD” HEDIS Measure as an additional focus
Performance Improvement Projects

Diabetes: Increasing Comprehensive Diabetes Testing and Screening

• **Focus:** Member and provider education of the importance of regular testing and medication compliance. Type 1 Diabetes compliance baseline data showed this was the 9th most prominent hospital readmission rate and that our membership has 3x the national average of Type 1 Diabetic members.

• **Outreach:** 2015 YTD - HBA1C outreach to 626 noncompliant members ages 18 – 30 and Eye Exam outreach to 319 members ages 31 – 44.

• **Activity:** Our multidepartment collaboration will focus on: HBA1C Testing and Eye Exam HEDIS measures.
Performance Improvement Projects

Collaborative PIPs with all MCOs in Kentucky:

Measuring the Appropriate Use and Management of Antipsychotics for Children and Adolescents

• **Focus:** Appropriate use and management of antipsychotic medications for children and adolescents. Identify physicians who may be incorrectly prescribing these medications and provide outreach/education

• **Outreach:** Case Management, Pharmacy and Quality have worked together on developing a tool that allows us to identify and rate “high risk” members on a scale of 1-10 with 10 being the highest risk. The order of our outreach efforts will go by the members risk score. 2015 YTD has identified 434 members with a 6+ rating for pediatrics

• **Activity:** The baseline data showed there is an issue with Foster Care members prescribed antipsychotic medications as they are over 15% of those prescribed, yet only make up 1.75% of our population. These members have been forwarded to Clinical Health Services for further investigation and specialized outreach
Performance Improvement Projects

2016 PIP Proposals

- Postpartum Follow up Visit and Screening for Postpartum Depression
- Follow Up Appointments in Members who have Bi-Polar and Schizophrenic Disorders
  - Behavioral Health Collaborative Effort among all MCOs
What is HEDIS®?

Healthcare Effectiveness Data and Information Set

- A set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA) for the managed care industry

- A tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service

- Designed to allow consumers to compare health plan performance to other plans, “apples to apples”, the ability of smaller plans to compare their quality to larger plans
Why is HEDIS® Important to Providers?

• Tool for providers to ensure timely and appropriate care for their patients

• Assists providers in identifying and eliminating gaps in care for the patients assigned to their panel roster

• As a provider’s HEDIS® rates increase, there is a potential for earning additional revenue through the Pay for Quality and other value based payment models

• Can be used as a tool to monitor incentive program(s) compliance
How Can You Improve Your HEDIS® Scores?

- Understand HEDIS® Measure Requirements
- Understand Measure Timelines
- Know Gaps in Care Before Patient Arrives
- Code Correctly
- Document Clearly and Completely
Medical Records Documentation

• **The Medical Record**
  • Chronologically documents the care of the member
  • Provides a clinical course of treatment and summarizes the plan of care
  • Is the primary method of communication among an extended care team and externally to health plans and other agencies who monitor health care quality

• **General Documentation**
  • Certified coders audit medical records submitted according to
    • ICD-9-CM Guidelines for Coding and Reporting
    • ICD-10-CM as of October 1, 2015
The Value of Complete and Accurate Documentation and Coding

- **Documenting and coding an accurate diagnosis will**
  - Drive the development of care management plans
  - Identify those patients most in need
  - Assist in coordination of care, both inpatient and outpatient

- **Affects the accuracy of patient health status**
  - Measurement of patient outcomes
  - Assessment of the quality of care delivered
  - Can impact reimbursement
How We Can Help?

- If the member is compliant, but we don’t have the claim yet, fax the medical record *with* a copy of the gaps in care report for that member to (855) 415-1215

- Contact the HEDIS department at (855) 737-0872 for HEDIS education seminars/webinars and provider toolkits

- Having trouble getting your members into the office to be seen? Contact our Member Outreach Department for assistance at (855) 300-5528
Our members – the center of what we do

Member

Provider Relations & Provider Network
Provider support

- Claims inquiry/claims research (Provider Services)
- Provider relations
- Member services
- Prior authorization
- Provider website and secure web portal
- Reconsiderations, appeals and grievances
- Quality Programs
Provider Relations

• Aetna Better Health of Kentucky has dedicated Provider Relations staff
• Provider Relations staff will visit provider offices regularly throughout the year to ensure Aetna is meeting their needs and addressing concerns
• Provider Relations will:
  − Provide education to provider offices on a variety of topics
  − Provide support on Medicaid policies and procedures
  − Provide provider contract clarification
  − Assist with demographic changes, terminations, and initiation of credentialing
  − Monitor compliance with applicable Commonwealth and Federal agencies
  − Conduct annual Provider Satisfaction Survey
  − Conduct member compliant investigation
  − Maintain the provider directory
  − Be a point of contact for provider concerns

Provider Relations can be reached at (855) 454-0061
Claims Inquiry/Claims Research

Claims Inquiry/Claims Research (CICR) can

• Assist with claims questions, inquiries and reconsiderations
• Review claims or remittance advice
• Assist providers with prior authorization questions as it relates to how a claim processed, for other questions about what requires authorization, CICR would transfer to the prior authorization department
• View recent updates
• Locate forms
Claims Inquiry/Claims Research (CICR) cannot

- Assist to obtain a secure web portal or member care login ID
- Provide the login ID numbers

Claims Inquiry/Claims Research can be reached at
(855) 300-5528
Claims Submission

• NEW Aetna Better Health of Kentucky EDI payer ID: 128KY
• NEW claims mailing address
  Aetna Better Health of Kentucky
  P O Box 65195
  Phoenix, AZ 85082-5195
• All claims, regardless of the date of service, for CoventryCares of Kentucky or Aetna Better Health should be filed to Aetna Better Health beginning February 1, 2016
• All claims should be submitted on the most current claim forms

The new address is for behavioral and medical claims
Claim Timely Filing

- Timely filing for Aetna Better Health of Kentucky for initial claims submission follows your Coventry Health Care of Kentucky HMO contract (for medical providers) or your MH Net contract (for behavioral health providers)
  - **365 days** for medical and behavioral health providers
  - For questions regarding your timely filing deadline, please contact Claims Inquiry/Claims Research or Provider Relations
- Providers have **24 months from the date of the first EOB** to request an adjustment or to submit a corrected claim
Claim Resubmissions & Reconsiderations

- Resubmission claims may be sent electronically
- Label all corrected claims as “Corrected Claim” on the claim form
  - Send all claim lines again, not just the line being corrected
- Send paper claims for reconsideration with attached documentation to:
  Aetna Better Health of Kentucky
  Attn: Claims Resubmission/Reconsideration
  P.O. Box 65195
  Phoenix, AZ 85082-5195
- Please use the Reconsideration Form

Applies to behavioral and medical claims
Claim Requirements: Taxonomy, NPI, and Zip+4

- The correct combination of billing provider taxonomy, rendering provider NPI and billing zip+4 registered with the Commonwealth of Kentucky is required on all claims
  - If the combination billed does not match what is registered with the Commonwealth of Kentucky, claims will reject
- Please reference your Kentucky Department of Health and Human Services provider enrollment approval letters to verify the information being billed is what is registered with the Commonwealth
- Please check with your electronic claims vendor to ensure this information is being transmitted appropriately
Remittance Advice

• For claims processed on and after **February 1, 2016**, a new Aetna Better Health of Kentucky remit will be available
• Remittance advice will be available within the new provider portal [http://aetnabetterhealth-kentucky.aetna.com](http://aetnabetterhealth-kentucky.aetna.com), available February 1, 2016
• ERAs will continue through your electronic vendor, if applicable
• Provider remittance advices will also be mailed

**Historical claims and remit information will remain available on DirectProvider.com for 180 days; claim adjustment request functions will be disabled as of February 1, 2016**
Aetna Better Health® of Kentucky
9900 Corporate Campus Drive, Suite 1000
Louisville, KY 40235-4050

Remittance Advice

If you have any questions, please contact the Claims Department at 1-855-388-5528 or visit our website at http://www.aetnabetterhealth.com/kentucky.

If you have any questions, please contact the Claims Department at 1-855-388-5528 or visit our website at http://www.aetnabetterhealth.com/kentucky.

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| Address: 600 E. Central Blvd. Phoenix, AZ 85040 |

KY Provider Remit Document for Mock Up

Aetna Inc. 34
Our New Website

• Please visit: http://aetnabetterhealth.com/kentucky, available February 1, 2016

• Our provider website contains resources to assist provider interactions with Aetna Better Health of Kentucky:
  – View and download our provider manual, communications and newsletters
  – Searchable provider directory
  – Reconsideration and appeal forms
  – Clinical practice guidelines
  – Member materials
  – Fraud & abuse information and reporting
  – Gateway to our secure provider web portal
  – Information on resubmission and provider appeals
Provider Portal

• DirectProvider.com will no longer be the provider portal for the Medicaid product effective February 1, 2016

• Please visit: [http://aetnabetterhealth-kentucky.aetna.com](http://aetnabetterhealth-kentucky.aetna.com), available February 1, 2016
  – Access the provider section of the web page
  – Access the provider portal/secure provider web portal

• All providers must register for the provider web portal
  – Submit web portal e-registration forms online

• Each TIN will have one account, with a primary representative
  – The primary representative can add authorized representatives within their office to their account

• Contact Provider Relations to register and receive a demonstration
Provider Portal

• Providers will be able to
  – Search member eligibility and verify enrollment
    • Including Lock-In members
  – Search and initiate authorizations
  – 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
Provider Portal

Main Log In Page

- Enter User Name and Password
- Select Sign In
Provider Portal

- **Step 1** - Fill all mandatory Provider details and select Submit.

- **Step 2** - Read Medicaid Web Portal disclaimer and select Accept if you wish to register.
Provider Portal

- **Step 3** - Fill Provider user details and complete Provider registration.
Electronic Tools

• **Electronic Funds Transfer (EFT)**
  - Electronic funds transfer (EFT) is our standard payment method for provider reimbursement as of **February 1, 2016**
  - Prenote testing will occur mid-January

• **Electronic Remittance Advice (ERA - 835 files)**
  - Please work with your clearinghouse to ensure you can receive ERA & have the correct file paths

• **Enroll in EFT/ERA electronically by visiting our Secure Web Portal**
  - Paper forms can be found on the provider website

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**Sign up for EFT/ERA**

*Please contact Provider Relations at (855) 454-0061 or refer to the Provider Representative Listing included here, with questions or to check EFT enrollment status.*
Electronic Tools

• **Electronic claims submission**
  – Payor ID 128KY
  – Less paperwork, less wasted time, and a more efficient office
  – Lower claims rejection rates
  – Faster claim delivery than by traditional mail – clean claims mean less money wasted for reprocessing
  – Faster claim payment to your office
  – Ability to easily identify and resubmit claims with missing or invalid data
Electronic Fund Transfer Dates

January 27, 2016
• Last CoventryCares claim check/EFT run

February 2016
• Dates to be determined
• First Aetna Better Health of Kentucky claim check run/EFT
• Check/EFT run will occur twice weekly
Provider Manual

• The provider manual is a resource for policies and procedures for Aetna Better Health of Kentucky
  – Access it online http://aetnabetterhealth.com/kentucky, available February 1, 2016

• Please review this manual for additional information about Aetna Better Health of Kentucky and:
  – Contacts
  – Provider rights and responsibilities
  – Credentialing
  – Member eligibility and enrollment
  – Billing and claims
  – Reconsiderations, appeals and grievances
Our members – the center of what we do

Member

Appeals & Grievances
Appeals

• Our provider appeals process is the mechanism which allows the provider the right to have the plan review it’s decisions regarding provider payment or contractual issues.
  – All appeals are initiated in writing and may be mailed or faxed
  – Mailing address
    Aetna Better Health of Kentucky
    Attn: Appeals Department
    9900 Corporate Campus Drive, Suite 1000
    Louisville, KY 40223
  – Fax (855) 454-5585
  – Please utilize the Provider Appeals Form located on our website
    http://aetnabetterhealth.com/kentucky
    (available February 1, 2016)

Applies to behavioral and medical appeals
Appeals

• Documents to support the appeal should be provided, such as a copy of the claim, remittance advice, medical review sheet, medical records, correspondence, etc.

• Time Frames for Appeals
  – Appeals challenging a claim denial or adjudication must be made within 1 year from the date the claim processed
  – Provider Appeals must be filed no later than 1 year after the date of the adverse action
  – Member Appeals must be filed no later than 30 days after the date of the adverse action

• Appeals are reviewed within 30 calendar days
  – Once you receive a notice of resolution, this will conclude your appeal process

Applies to behavioral and medical appeals
Grievances

- A grievance is described as a verbal or written expression that indicates dissatisfaction or dispute with our policies, procedures, claims, denials or any aspect of health plan functions
- Examples: Quality of care, quality of service, provider behavior, office environment, potential fraud and abuse, service quality issues with one of our staff members, appeal decisions
- Grievance process
  - Acknowledged within 5 calendar days
  - Investigated by provider relations, quality management and/or by the State’s Ombudsman
  - May involve office site visits and assessments, training opportunities
  - Egregious grievances may warrant peer review and/or trigger an off-cycle credentialing review
  - Resolution and response to the member or provider within 30 calendar days

 Applies to behavioral and medical grievances
Grievances

- All grievances are initiated in writing and may be mailed or faxed
  - Mailing address
    Aetna Better Health of Kentucky
    Attn: Appeals Department
    9900 Corporate Campus Drive, Suite 1000
    Louisville, KY 40223
  - Fax (855) 454-5585

Applies to behavioral and medical grievances
State Fair Hearings

- Option available for members who have completed an internal appeal, which was upheld, with service still denied.
- Requests to be submitted within the 45 days following the last denial letter
- State Fair Hearing cases are typically pre-service issues
- Members can designate an authorized representative to act on their behalf, including a provider
- Requires participation by the member and/or the Authorized Representative, either in person or by phone

Applies to behavioral and medical hearings
State Fair Hearings

- State Fair Hearing requests are directed to Department for Medicaid Services
- Requests must be requested in writing
- Mailing address
  Department of Medicaid Services
  Division of Program Quality and Outcomes
  275 E. Main Street
  6C-C
  Frankfort, KY 40261-0001

Applies to behavioral and medical hearings
Our members – the center of what we do

Member

Medical Management
Medical Criteria

• Aetna Better Health of Kentucky will be changing guidelines for determination of medical necessity
  – Hearst Corporation’s MCG evidence-based care guidelines (formerly Milliman Care Guidelines) become effective **November 1, 2015**
    • Medical criteria information is available on the provider portal [http://aetnabetterhealth-kentucky.aetna.com](http://aetnabetterhealth-kentucky.aetna.com), available February 1, 2016
  – Criteria for Behavioral Health determinations remain unchanged
    • LOCUS, CASII and ASAM have been in use since January 1, 2015*

• **McKesson's InterQual® Criteria used by CoventryCares of Kentucky will no longer be effective as of October 31, 2015.**

*LOCUS: Level of Care Utilization System; CASII: Child & Adolescent Service Intensity Instrument; ASAM: American Society of Addiction Medicine*
Medical Criteria

• Screening for Behavioral Health Disorders
  – Training will be available for Primary Care Physicians on use of **SBIRT**
    • Screening, Brief Intervention, Referral and Treatment
  – Criteria information available at
    [http://www.samhsa.gov/sbirt](http://www.samhsa.gov/sbirt)
  – Webinars will be scheduled on several future dates to accommodate providers
Prior Authorization

• Please review the authorization requirements effective February 1, 2016
• Authorizations provided by CoventryCares prior to February 1, 2016 will be honored through this transition
• Requesting new prior authorizations on and after February 1, 2016
  – Utilize Provider Web Portal PA Requirements Search Tool
  – Providers can continue to request an authorization by phone or fax:
    – Medical Prior Authorization
      • Phone: (888) 725-4969
      • Fax: (855) 454-5579
    – Behavioral Health Prior Authorization
      • Phone: (888) 604-6106
      • Fax: (855) 301-1564
Prior Authorization

• Providers will be able to look-up Prior Authorization information using a new, online tool on Aetna Better Health secure provider web portal

• The Prior Authorization Requirement Search Tool will allow providers to:
  – Search PA requirements by individual or multiple CPT/HCPCS codes simultaneously
  – Review PA requirements by specific procedures or service groups
  – Receive immediate, detailed Yes/No information regarding PA requirements

*The DirectProvider.com authorization request function will be disabled effective 02/01/16 for the Medicaid product; historical authorization information will remain available*
Clinical Care Management

• Integrated Care Management
  – Intensive, Supportive, Service Coordination and Population Health
    • Adults, Pediatric and Perinatal
  – Integrated Behavioral and Physical Health
    • Single care manager who manages the member holistically
    • Licensed nurses and social workers
  – Motivational interviewing techniques
  – Condition management
    • Asthma, COPD, Chronic Kidney Disease, Congestive Heart Failure, Coronary Artery Disease, Depression, Diabetes, and other Chronic Conditions

• Specialty Care Management
  – Hepatitis C, Neonatal Abstinence Syndrome (NAS), HROB, NICU, Lock-in, Foster Care and Guardianship
Clinical Care Management

• **Member Outreach**
  – Welcome calls with live interactive health risk questionnaires (HRQ)
  – Research web for current member contact information when phone numbers are wrong or missing.

• **Tracfones and Voxiva**
  – Technical connection to receive health messages and phone calls from care management staff.
  – Unlimited text messaging.
  – Phone numbers are uploaded to Aetna claims and care management systems.
Clinical Care Management

• Face-to-face care management
  – Members enrolled in care management are eligible for a face-to-face visit
  – Can be intensive or supportive

• Embedded care managers
  – Care management services coordinated with the member’s primary care appointment

• Information Health Line (IHL) 24hr nurse line (855) 620-3924
  – Medical line available 24 hours to triage member calls with recommendation for the most appropriate level of care services.
  – Referrals to care management
Fraud, Waste & Abuse

- **Special Investigation Unit (SIU)**
  - Monitoring of fraudulent billing practices
  - Verification of services
  - Documentation review
- **Suspected fraud, waste or abuse can be reported by**
  - Phone: **(855) 300-5528**
  - Electronically: Fraud, Waste, & Abuse Reporting Form on our website at

  [http://aetnabetterhealth.com/kentucky](http://aetnabetterhealth.com/kentucky)
  (available February 1, 2016)
Our members – the center of what we do

Collaborative Services

Member
Subcontractors

CoventryCares of Kentucky  Aetna Better Health of Kentucky

Express Scripts  →  CVS/Caremark
National Imaging Associates  →  eviCore
Avesis Dental  →  Avesis Dental
Avesis Vision  →  Avesis Vision
Triad  →  Triad
Things to Remember!

[Image of a family playing with colorful cups]
Things to Do Prior to February 1, 2016

• Sign up for EFT/ERA if not already completed
• Update electronic systems with new payor ID
• Update clearinghouse info as needed
• View the website:
• Continue to use CoventryCares phone numbers and mailing addresses
• Please reference the DMS provider enrollment to ensure your office is billing with the correct billing provider taxonomy, rendering provider NPI and billing zip+4
• Register for the provider portal:
Things to Do On or After February 1, 2016

• Send all claims to new payor ID/claims address
• Call Provider Services with claims inquiries
• Send all reconsiderations to new claims address
• Contact Provider Relations with questions or concerns
Changes for Open Enrollment
Benefit Co-Pays *reduced* for 2016

- **Acute Inpatient Hospital Services** $25
  - Including Mental Health and Substance Abuse Services

- **Emergency Room, non-emergent use** $8

- **Prescription Drugs, preferred brand** No Co-Pay

- **Prescription Drugs, non-preferred brand** $4
Benefit Co-Pays *eliminated* for 2016

- **Physician Office Visits**
  - Including Behavioral Health
  - No Co-Pay
- **Outpatient Hospital**
  - Ambulatory Surgery Centers
  - No Co-Pay
- **Urgent Care**
  - No Co-Pay
- **Therapy**
  - Occupational
  - Physical
  - Speech
  - No Co-Pay
- **Lab Services**
  - Diagnostic and Radiology
  - No Co-Pay
Thank you

**Integrity**
We do the right thing for the right reason.

**Excellence**
We strive to deliver the highest quality and value possible through simple, easy and relevant solutions.

**Inspiration**
We inspire each other to explore ideas that can make the world a better place.

**Caring**
We listen to and respect our customers and each other so we can act with insight, understanding and compassion.

**People we serve**
APPENDIX
Leadership Team
Aetna Better Health of Kentucky

Executive
• Terence L. Byrd, Chief Executive Officer
• Linda Steinke, Chief Operating Officer
• Lisa Chandler, Chief Financial Officer
• Fredrik Tolin, Chief Medical Officer

Provider Relations
• Laura Malloy, Director, Network Management
• Holly Garcia, Supervisor, Provider Relations

Network
• Pierre Gerald, Director, Network Management
Leadership Team
Aetna Better Health of Kentucky

Health Services
• Richard Schultz, Vice President of Health Services
• Kimberlee Richardson, Director, Behavioral Health Services
• Victoria Meska, Director, Clinical Health Services
• Rhonda Kessler, Director, Case Management
• Laura Crowder, Manager, Prior Authorization
• Paula Fellows, Manager, Grievances & Appeals

Quality Management
• Donna Hall, Director, Quality Management

Member Services
• Kentrell Steed, Manager, Service Operations

Outreach
• Allison Haley, Manager, Community Development
# Who is my Provider Relations Representative?

<table>
<thead>
<tr>
<th>REGION</th>
<th>NAME</th>
<th>TELEPHONE</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>Regina Gullo</td>
<td>(502)612-9958</td>
<td><a href="mailto:rlgullo@cvty.com">rlgullo@cvty.com</a></td>
</tr>
<tr>
<td>Region 2</td>
<td>Kimberly Berry</td>
<td>(812) 660-1394</td>
<td><a href="mailto:kdberry@cvty.com">kdberry@cvty.com</a></td>
</tr>
<tr>
<td>Region 3</td>
<td>Philip Kemper</td>
<td>(502) 719-8604</td>
<td><a href="mailto:pxkemper@cvty.com">pxkemper@cvty.com</a></td>
</tr>
<tr>
<td>Region 3</td>
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</tr>
<tr>
<td>Region 4</td>
<td>Abbi Wilson</td>
<td>(270) 498-1443</td>
<td><a href="mailto:axwilson4@cvty.com">axwilson4@cvty.com</a></td>
</tr>
<tr>
<td>Region 5</td>
<td>Tanura Moss</td>
<td>(859) 381-7404</td>
<td><a href="mailto:MossT2@aetna.com">MossT2@aetna.com</a></td>
</tr>
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<tr>
<td>Region 6</td>
<td>JoAnn Marston</td>
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<td><a href="mailto:jxrose@cvty.com">jxrose@cvty.com</a></td>
</tr>
<tr>
<td>Region 7</td>
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<td><a href="mailto:jxrose@cvty.com">jxrose@cvty.com</a></td>
</tr>
<tr>
<td>Region 8</td>
<td>Jacquulyne Pack</td>
<td>(606) 331-1075</td>
<td><a href="mailto:jmpack@cvty.com">jmpack@cvty.com</a></td>
</tr>
<tr>
<td>Region 8</td>
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<td><a href="mailto:KelleyL2@aetna.com">KelleyL2@aetna.com</a></td>
</tr>
</tbody>
</table>

**Behavioral Health**

| All Regions | Jay Mingus          | (502) 264-3484  | jtingus@aetna.com            |
## Who is my Community Outreach Coordinator?

<table>
<thead>
<tr>
<th>Region</th>
<th>Name</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 2</td>
<td>Robert Hobson</td>
<td>(606) 261-5282</td>
<td><a href="mailto:HobsonR@aetna.com">HobsonR@aetna.com</a></td>
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<tr>
<td>4</td>
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</tr>
<tr>
<td>5</td>
<td>Jenny Howell</td>
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</tr>
<tr>
<td>6</td>
<td>Michelle Marrs</td>
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</tr>
<tr>
<td>7 &amp; 8</td>
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<td><a href="mailto:melacy@cvty.us.com">melacy@cvty.us.com</a></td>
</tr>
</tbody>
</table>
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