Aetna Better Health® of Kentucky

Provider Newsletter

Second Quarter 2019

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PROVIDER COMMUICATIONS

To ensure that you, our providers, are kept up to date on important changes, we send provider communications via email/fax. You can always find the latest communication by visiting: **https://www.aetnabetterhealth.com/kentucky/providers/news**, click on **2019 Fax Blast**.

Provider communications sent during the first quarter of 2019:

- 03 01 2019 Prepayment High Collar Claim
- 02 08 2019 Prior Authorization Changes
- 01 23 2019 Updated Network Relations Listing

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FORMULARY UPDATES

The medications listed below were added to the formulary **March 01, 2019**:

- Admelog vial 300 units/mL
- Albuterol HFA Inhaler 90 mcg with Quantity Level Limit
- Mesalamine Suppository 1000mg
- Toremifene 60mg tab

The medications listed below were removed from the formulary **March 01, 2019**:

- Canasa Suppository 1000mg
- Fareston 60mg tab

Additional formulary updates for **March 01, 2019**:

- Butalbital Containing products, added Quantity Level Limit

BUPRENORPHINE CHANGES

BUPRENORPHINE/NALOXONE PRIOR AUTHORIZATION REMOVAL FAQs

Per state guidance effective **February 15, 2019**, formulary Buprenorphine/ Naloxone products used in the treatment of Substance Use Disorder (SUD) will no longer require prior authorization.

WHICH BUPRENORPHINE PRODUCTS NO LONGER HAVE A PRIOR AUTHORIZATION?

- Buprenorphine/Naloxone combo 2/0.5mg and 8/2mg sublingual tabs
- Dose cannot exceed 24mg/day
- Member must be at least 16 years of age
- IF DOSE EXCEEDS 24MG/DAY AND/OR IF MEMBER IS UNDER AGE 16, A PRIOR AUTHORIZATION WILL BE REQUIRED

WHAT ABOUT PREGNANT MEMBERS?

- Buprenorphine mono products 2mg and 8mg are available without Prior Authorization ONLY for women aged 16-44 with the following stipulations:
  - ⇒ Prior Authorization is waived for up to two 14 day supplies in a rolling 180 days…additional fills will require Prior Authorization.

WHAT ABOUT BUPRENORPHINE PRODUCTS USED TO TREAT PAIN?

- These will continue to require Prior Authorization.

DO MEMBERS IN LOCK-IN STILL REQUIRE A REFERRAL?

- Lock –In members still require referrals for providers outside of their assigned Lock-In provider. The removal of the Prior Authorization does not waive the requirement of provider referral.

MEDICAL RECORD DOCUMENTATION

Consistent and complete documentation is an integral component of high-quality patient care. Annually, Aetna Better Health of Kentucky conducts a review of randomly selected practitioners to gauge consistency with NCQA and Aetna documentation standards. We have been pleased with the overall findings and congratulate our providers for the excellent care they provide our members.

Want to be a documentation rock star? Some recommended guidelines for best in practice documentation include:

- Clear and accurate documentation of referrals, including any correspondence between the consulting practitioner and PCP.
- Documentation on every visit about substance abuse questions, including any recommended interventions, such as referral to the QuitLine or handout given.
- Documentation on Advance Directives – every member in your practice should be asked if they have an Advance Directive. Please double check that this is documented somewhere in the medical record.
- Documentation of an updated medication reconciliation at every visit.
- Documentation that preventive care was offered to patient, i.e. “mammogram recommended, patient refused service”, or “will schedule for patient”

If you would like further resources on medical record documentation guidelines, please call **1-855-300-5528** and ask to speak to a quality management nurse.

PHARMACY REMINDERS

On our Aetna Better Health of Kentucky website, **https://www.aetnabetterhealth.com/kentucky/providers/pharmacy/** you will find important and up to date information about our pharmacy program, including:

- A list of pharmaceuticals, including restrictions and preferences
- How to use the pharmaceutical management procedures
- An explanation of limits or quotas
- How prescribing practitioners must provide information to support an exception request
- Process for generic substitution, therapeutic interchange and step-therapy protocols

HEDIS SEASON 2019

A big thank you to our providers and the office staff for their assistance in our annual HEDIS project. We appreciate the collaboration you provide to us, especially as calls were made to your offices when we were looking for additional records.

CLINICAL FOCUS

BLOOD PRESSURE

The latest research shows that 46% of adults in the United States have high blood pressure. We know this can lead to a stroke, heart attack or even death. The American Heart Association, American College of Cardiology and several other health organizations have released new guidelines for recommendations regarding diagnosis, treatment and prevention of hypertension. This lowers the target for blood pressure treatment to 130/80 mmHg and will mean more patients will be diagnosed with hypertension. Here are the classifications of blood pressure:

- Normal: < 120 mm Hg Systolic BP (SBP) and < 80 mm Hg Diastolic BP (DBP)
- Elevated: 120-129 mm Hg SBP and < 80 mm Hg DBP
- Stage 1 Hypertension: 130-139 mm Hg SBP or 80-89 mm Hg DBP and
- Stage 2 Hypertension: ≥ 140 mm Hg SBP or ≥ 90 mm Hg DBP

Read more on the clinical guidelines and find resources at the American Heart Association's Target BP website at **https://professional.heart.org/professional/ScienceNews/UCM_496965_2017-Hypertension-Clinical-Guidelines.jsp**

ASTHMA ACTION PLAN

May is National Asthma and Allergy Awareness Month. We know this is peak season for those with allergies and asthma and therefore a perfect time to educate your patients about proper treatment and care. Encourage your patients to know what triggers their symptoms and what medications may help relieve symptoms.

All asthma patients should possess an Asthma Action Plan in writing. A sample plan can be found at **https://www.aafa.org/asthma-treatment-action-plan/**. This resource can help provide information and instructions to manage their asthma, including when emergency room treatment is needed.

SKIN CANCER SCREENINGS

As the summer months approach, let's remember that skin cancer is the most common form of cancer in the United States. In fact, 1 in 5 Americans will develop skin cancer in the course of a lifetime. Regular use of sunscreen will reduce the risk of melanoma by 50%.

Kentucky is one of the leading states with regards to incidence of melanoma according to statistics from the CDC. Current prevention guidelines include yearly screenings by a dermatologist. Free or low-cost screenings are available through state and local programs including the Kentucky State Fair in Louisville. Your local or county health department may have additional resources.

CLINICAL PRACTICE GUIDELINES

Our list of Clinical Practice Guidelines (CPG's) have been updated for 2019. These evidence-based guidelines are adopted from nationally recognized sources and are intended for informational purposes only. You can access the guidelines on our website under the provider tab at **https://www.aetnabetterhealth.com/kentucky/providers/guidelines**

EPSDT

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated Medicaid program for children. In the Commonwealth of Kentucky, it can be divided into both EPSDT Screenings and EPSDT Special Services.

As a quick reminder, the areas of health care that are checked include: preventive check-ups, growth and development assessments, vision, hearing, dental, immunizations and laboratory tests. Children should receive health check-ups regularly or before the following ages: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months and once a year for ages 3–20.

Should the PCP be unable to provide all the components of the EPSDT exam or if screenings indicate a need for evaluation by a specialist, a referral must be made to another participating provider within the Aetna Better Health of Kentucky network that is qualified to treat the condition.

More information can be found in our Provider Manual located on our Provider Website at **https://www.aetnabetterhealth.com/kentucky**. You will also find all the required components of a full medical screening.

DO YOUR PATIENTS NEED ICM SERVICES?

Our Integrated Care Management (ICM) Program is a collaborative process of bio psychosocial assessment, planning, facilitation, care coordination, evaluation, and advocacy for service and support options to meet a member's needs. We offer Disease Management (DM) programs to patients with asthma, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), depression, and chronic renal disease (CRD).

We believe it is important to have a program to promote the engagement of pregnant women who have significant opiate use or opiate addiction in prenatal care management. Care management will continue with the same Case Manager (CM) for the mother and baby for the first year of the baby's life. The goal of the program is to identify pregnant woman with Substance Use Disorder (SUD) and refer them for treatment to reduce the incidence of neonatal abstinence syndrome.

We also have a Foster Care Case Management Team that works with the Department for Community Based Services (DCBS), state agencies and service providers to improve the quality of care for plan members and their families. The care management team provides behavioral and medical support for children who are medically fragile, currently hospitalized, and those at medical risk. A case manager will work with DCBS focusing on member's inpatient status at a behavioral health facility and members who are being decertified. These coordination services are individualized, member-centered and comprehensive.

If you have patients that need ICM or if you have any questions about these services, call Customer Service at **1-855-300-5528**, Monday through Friday, 7 a.m. to 7 p.m., ET. Just ask to speak to a CM. Involvement in the ICM program is voluntary. Members have the right to opt out of the ICM program at any time.

PREPAYMENT HIGH DOLLAR CLAIMS

On **March 01, 2019**, we sent a provider communication via fax/email, advising that effective **April 04, 2019**, all claims, including DRG claims with outliers, that have expected reimbursement at $50,000 and above require itemized bills as part of our audit process. Claims submitted without the itemized bills will be denied. The claims will deny as - ***Itemized Bill Missing***. The claim will need to be resubmitted with the itemized bill before the claim will be reviewed.

Aetna Better Health of Kentucky encourages all participating providers to submit electronic claims whenever possible. Electronic Claims are not considered received until the claims have passed clearinghouse edits and are accepted into the Aetna Better Health of Kentucky system. Aetna Better Health has partnered with Change Healthcare to provide electronic services to our providers. Claims can be submitted via payer ID 128KY.

Paper claims can be mailed to:

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

ADMINISTRATIVE APPEALS DECISIONS

As we review administrative appeals requests, we have discovered some common themes that can cause a claim will be denied at a system level and therefore need to be appealed. We hope the following clarifications will reduce confusion and expedite the payment process for our providers.

1. If the primary payor is commercial, you must submit the EOB when requesting Medicaid to pay as secondary.
2. Please use the 26 modifier when billing for a reading radiologist.
3. If the member needs a medication, such as Zofran, during a procedure, please use the specific medication code rather than J3490. Use of J3490 always requires a PA.
4. When administering a medication during an office visit, such as Botox, the PA needs to be completed through our medical PA process rather than through a pharmacy PA. Our medical PA fax number is 1-855-454-5579.
5. When providing therapy services, such as occupational therapy, and the member has approved visits available after the initial date range has passed, please call 1-888-725-4969 to have the authorization extended.
6. Home sleep studies do not require a PA if billed using CPT code 95806.
7. A GI panel, CPT 87507, does require a PA.
8. DME above $500 requires a PA.
9. A list of services that require a PA is available through our provider portal. If you do not have access to the provider portal, please contact your Network Manager and they will set up your access. A full list of our Network Managers appears at the end of this newsletter.

Questions?
Please call 1-855-300-5528 and ask to speak with your Network Manager.

Appropriate utilization of care without conflict of interest nor incentives

Aetna Better Health of Kentucky doesn't reward practitioners, providers, or employees who perform utilization reviews, including those of the delegated entities for not authorizing health care services. No individual is compensated or provided incentives to encourage denials, limited authorization or discontinue medically necessary covered services. Aetna Better Health does not make decisions about hiring, promoting or terminating practitioners or other staff based on the likelihood or on the perceived likelihood that the practitioner or staff member supports, or tends to support, denial of benefits. Individuals shall not participate in the review and evaluation of a case in which he/she has been professionally involved or where his/her judgment might be compromised. Utilization decisions are made based only on appropriateness of care and service and existence of coverage.

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Network Relations Manager Contact List

Regions / Counties	Contact
Regions 1 & 2 Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, Marshall, McCracken Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster **Providers in the state of Indiana**	**Gina Gullo** Network Relationship 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 Relationship 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** **Providers located in any state not otherwise listed**	**Abbi Wilson** Network Manager **270-816-0893** **Wilsona8@aetna.com**
Region 5 Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jackson, Jessamine, Lincoln, Madison, Mercer, Montgomery, Nicholas, Owen, Powell, Rockcastle, Scott, Woodford	**Sammie Asher** Network Relationship Manager **606-401-1573** **Ashers@aetna.com**
Region 6 Boone, Campbell, , Gallatin, Grant, Kenton, Pendleton **Providers in the state of Ohio**	**Holly Smith** Network Relationship Manager **815-641-7411**
Region 7 Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan **Providers in the state of West Virginia**	**Jacqulyne Pack** Network Manager **606-331-1075** **Jmpack@aetna.com**
Region 8 Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott ,Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, Whitley, Wolfe **Providers in the state of Virginia**	**Krystal Risner** Network Relationship Manager **606-687-0310** **Risnerk@aetna.com**
Community Mental Health Centers **Behavioral health providers in Region 5**	**Dustin Johnson** Network Manager **502-648-6526** **Johnsond38@aetna.com**

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