



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

**Supporting Kentucky SKY**

Companion Guide to the Provider Manual

**2021**

# Table of Contents

<b>TABLE OF CONTENTS</b> .....	<b>2</b>
<b>INTRODUCTION</b> .....	<b>3</b>
WELCOME TO THE AETNA BETTER HEALTH SKY NETWORK.....	3
OUR GUIDING PRINCIPLES.....	3
SYSTEM OF CARE .....	3
WHAT YOU’LL FIND IN THIS MANUAL.....	3
PROVIDER NETWORK.....	4
ABOUT THIS MANUAL.....	4
<b>OUR PROGRAM</b> .....	<b>4</b>
ELIGIBILITY FOR ENROLLMENT IN KENTUCKY SKY.....	4
THE FOLLOWING GROUPS WILL BE ENROLLED IN THE KENTUCKY SKY MEDICAID PROGRAM: .....	4
THE FOLLOWING GROUPS HAVE THE OPTION TO ENROLL IN KENTUCKY SKY DURING OPEN ENROLLMENT OR AT ANY TIME DURING THE YEAR.....	4
ROLES OF THE PCP AND *DENTAL PROVIDER.....	4
THE KENTUCKY SKY CARE COORDINATION TEAM.....	5
ROLE OF CARE COORDINATORS AND THE CARE COORDINATION TEAM .....	5
LEVELS OF CARE MANAGEMENT/CARE COORDINATION SERVICES.....	6
AGING OUT– TRANSITIONAL SERVICES.....	6
ROLES OF DCBS AND DJJ IN CONSENTING TO FOSTER CARE MEMBERS’ AND JUVENILE JUSTICE MEMBERS’ HEALTH CARE SERVICES.....	6
<b>BONUS BENEFITS OFFERED TO SKY MEMBERS</b> .....	<b>7</b>
<b>OUR RESOURCES</b> .....	<b>11</b>
HEALTH PLAN WEBSITE.....	11
PROVIDER INQUIRIES.....	11
SECURE PROVIDER PORTAL.....	11
BILLING GUIDELINES .....	11
ACCESS AND AVAILABILITY STANDARDS.....	12
WAITING TIMES.....	12
TWENTY-FOUR (24) HOUR ACCESS TO CARE .....	12
PROVIDER APPEALS AND GRIEVANCES.....	11
HOW TO FILE.....	13
<b>PROVIDER TRAINING</b> .....	<b>13</b>
<b>CLINICAL DELIVERY</b> .....	<b>14</b>
UTILIZATION MANAGEMENT .....	14
QUALITY IMPROVEMENT PROGRAM DESCRIPTION.....	15
PROGRAM OVERSIGHT.....	15
PRIOR AUTHORIZATION, CONCURRENT REVIEW AND RETROSPECTIVE REVIEW CRITERIA .....	15
PRIOR AUTHORIZATION.....	15
PRIOR AUTHORIZATION LIST.....	16
REQUESTING AUTHORIZATION.....	16
ADVANCED HEALTH CARE DIRECTIVE.....	16
FRAUD, WASTE AND ABUSE GUIDELINES .....	16
PROGRAM DESCRIPTION .....	16
LEARN MORE.....	<b>ERROR! BOOKMARK NOT DEFINED.</b>

# Introduction

## Welcome to the Aetna Better Health® SKY network

Our Supporting Kentucky Youth (SKY) program is committed to improving outcomes for children and families involved in the foster care and juvenile justice systems. We recognize the importance of developing resources and training for our provider partners as we embark on this collaborative mission. We'll give you valuable tools to help you work with us and provide high-quality service to our members. This manual is an extension of your contract with us. All practitioners and facilities must abide by the conditions set forth in your contract and in our provider manuals.

### Our guiding principles

Aetna Better Health of Kentucky is proud to serve all children in Kentucky's foster care system, including children who have been adopted from foster care, former foster care members and children dually committed to the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ). We are here to provide direct support to providers, foster parents, adoptive parents, caregivers, DCBS and DJJ workers.

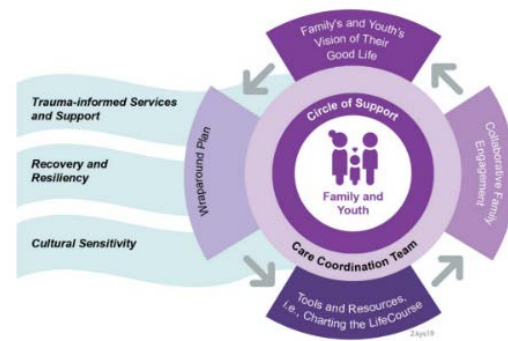
Children in State custody are among the most vulnerable individuals in our society. They face unique challenges that require unwavering commitment, collaboration, and compassion. Along with youth in foster care and their families, our integrated Care Coordination teams will create holistic, person-centered care plans focused on evidence-based best practices, trauma-informed care, and social determinants of health that result in a positive impact on each child's life. Every day, Aetna Better Health of Kentucky aims to achieve safety and permanency for children, reduce psychotropic medication use, and improve health outcomes for these youth.

### System of Care

Our SOC framework improves trauma-informed care throughout the delivery system and helps enrollees achieve positive and holistic physical, behavioral, and social health outcomes supported by evidence-based, trauma-informed treatment and recovery services. This approach includes a

### Provider Network

full spectrum of effective, community-based physical, behavioral, and oral health care treatment services along with psychosocial services and supports for individuals, their families, and circles of support that



are organized into a coordinated network-within-a-network functioning as a virtual team.

Through our innovative circle of support teams, we will coordinate the delivery of health care with wraparound services, family engagement, tools, and resources.

### What you will find in this manual

We developed this manual with you in mind — giving you what you need to work with us and make administration easier. This manual contains information about:

- Provider network
- Program overview
- Authorization process
- Provider appeals
- Training
- Quality programs
- **Bonus Benefits – Value added**
- Working with us electronically, and much more

Aetna's provider network is designed to support the complex needs of Kentucky SKY members



beyond traditional facilities, clinics, and providers to include community advocates, peer support, specialty pharmacies, and family/caregivers. Our considerable network of hospitals and specialists, including both physical and behavioral health providers, serves as the foundation of our network to meet the needs of Kentucky SKY members.

Aetna manages Kentucky SKY Medicaid benefits by:

- Maintaining a network of providers and facilities adequate to deliver all covered services
- Ensuring that every Kentucky SKY member has a PCP to serve as their Medical Home
- Ensuring every SKY Enrollee has a dental provider who will coordinate all dental care needs
- Providing dedicated call center staff trained on the Kentucky SKY program that can answer questions about Kentucky SKY benefits and services.
- Assigning all Kentucky SKY members to a Care Coordination Team tailored to their individual needs in order to assist them and their caregivers, DCBS workers, DJJ workers, adoptive parents, and parents in navigating the health care system.

## About this Manual

It is important that providers and caregivers understand how to use our services and benefits. This Kentucky SKY Provider Companion Guide has information our providers need to know about Kentucky SKY program. Please take the time to read it carefully. A copy can also be downloaded from our website at

**[AetnaBetterHealth.com/Kentucky](https://www.aetna.com/betterhealth/kentucky)**.

This Kentucky SKY Provider Companion Guide explains how the Kentucky SKY Medicaid Program works. It includes important contact information and websites that will be helpful resources for providers serving Kentucky SKY members and their circle of support. It will explain what benefits are covered by the Kentucky SKY Medicaid program and the roles of the Primary Care Provider (PCP)

and Dental Provider. It will also explain the Care Coordination Team and how care coordination services can be accessed by Kentucky SKY members, foster parents, parents, caregivers, DCBS workers and DJJ workers.

## Our program

### Eligibility for Enrollment in Kentucky SKY

The Department for Community Based Services (DCBS) may approve eligibility for the Kentucky SKY Medicaid program. For questions about eligibility, please call the local DCBS office at **1-855-306-8959**.

### The following groups will be enrolled in the Kentucky SKY Medicaid program:

- Children in Foster Care
- Youth dually committed to DCBS and DJJ
- Children 18 and under who are eligible due to being in an out of state relative placement
- Children and youth who are receiving interstate adoption assistance.

### The following groups have the option to enroll in Kentucky SKY during Open Enrollment or at any time during the year

- Adoption Assistance Children
- Former Foster Care Children up to the age of twenty-six (26)

### Roles of the PCP and \*Dental Provider

Our primary care provider (PCP) serves as the cornerstone of our Aetna Better Health provider network. You play a vital role in ensuring that each of our members have a medical home and access to necessary health care, which provides continuity and coordination of care. Aetna will assist you in fulfilling this role by providing training on topics such as how to screen for behavioral health disorders, how to refer for behavioral health services and behavioral health intervention techniques.

The PCP and Dental providers responsibilities

include but are not limited to

- Maintaining continuity of your physical, mental and oral health care
- Making referrals for Specialty Care and other Medically Necessary services, both in and out of network, if such services are not available within Aetna Better Health's Network
- Maintaining a current Medical Record for the Enrollee, including documentation of all PCP and Specialty Care services
- Discussing Advance Medical Directives with all Enrollees as appropriate
- Providing primary and preventative care, recommending, or arranging for all necessary preventive health care, including EPSDT for persons under the age of twenty-one (21) years
- Documenting all care rendered in a complete and accurate Medical Record that meets or exceeds the Department's specifications
- Arranging and referring Enrollees when clinically appropriate, to behavioral health providers
- Maintaining formalized relationships with other PCPs to refer their Enrollees for after-hours care, during certain days, for certain services, or other reasons to extend the hours of service of their practice.

\*Dental Benefits are administered through **Avesis**, for additional information or for questions please contact them directly at: **1-855-214-6776**.

### **The Kentucky SKY Care Coordination Team**

All Kentucky SKY members will have access to care coordination services provided by a Care Coordination Team. The Care Coordination Team is led by a Care Coordinator who will be assigned upon enrollment into the Kentucky SKY program. Regional-based Care Coordination Teams are at the center of care for Kentucky SKY members and in addition to the member and the Care Coordinator, may include.

- A Nurse care coordinator to assist with Medically Complex Children
- A Behavioral Health Clinician

- A Behavioral Health Specialist
- A Family peer support specialist
- A hospital-based Case Manager
- With the appropriate consent, the Care Coordinator will also invite PCPs and other providers to participate in the Care Coordination Team.

### **Role of Care Coordinators and the Care Coordination Team**

The Kentucky SKY member's Care Coordinator leads their Care Coordination Team and helps the Provider, caregiver, DCBS worker, and DJJ worker navigate the health care system. As needed, the Care Coordinator will convene Care Coordination Team meetings and make sure that Kentucky SKY members, providers, foster parents, adoptive parents, caregivers, parents, DCBS and DJJ have all the information needed about community resources that are available to help the member.

Care Coordinators/Care Coordination Teams help to meet the needs of Kentucky SKY members by.

- Providing information to assist providers, members, foster parents, adoptive parents, caregivers, parents, DCBS and DJJ coordinate services
- Ensuring members have access to primary, dental, and specialty care by helping obtain and schedule appointments
- Expediting assessments that help with determining DCBS and DJJ placements
- Arranging community supports and referrals to community-based resources
- Collaborating with PCPs, specialists and prior MCOs if needed to ensure continuity of care for Kentucky SKY members

The Care Coordinator is also the single point of contact that will help to ensure that all required assessments and screenings are initiated upon initial enrollment of youth with Kentucky SKY and are completed within the timeframes specified by the State.

The Care Coordinator will.

- Help coordinate the assignment of a PCP and facilitate a physical health screening and/ or treatment as needed within the required timeframe
- Make arrangements for a medical exam, visual exam and dental exam within the required timeframe
- Facilitate the completion of a mental health screening within the required timeframe
- Make arrangements for services when screenings indicate further assessment or treatment is needed
- Arrange for a youth to have a complete medical, dental, and visual exam yearly.

### **Levels of Care Management/Care Coordination Services**

Kentucky SKY members will receive Care Coordination services according to their individual needs. The level of intensity and frequency of Care Coordination services is based on information from assessments, caregivers, providers, parents, adoptive parents, DCBS and DJJ workers.

Kentucky SKY members may receive the following levels of Care Coordination services.

- Care Management
- Intensive Care Coordination
- Complex Care Coordination

### **Aging Out – Transitional Services**

Aetna understands the transition into adulthood is an important and difficult time and we help our Kentucky SKY members to learn the skills needed to be healthy and productive adults. Aetna offers support to our members who are transitioning out of the foster care and juvenile justice systems. The Care Coordination Team will make sure to help these members develop their own transitional care plans

### **Roles of DCBS and DJJ in consenting to Foster Care Members’ and Juvenile Justice Members’ Health Care services**

The 106A form, titled “Cabinet for Health and Family Services Authorization for Routine Health Care and Authorization for Non-Routine Health Care” is a form used by DCBS to authorize medical treatment to assure that a child in care receives prompt medical attention.

The child’s worker provides a copy of the 106A form to the foster parent upon the child’s entry into the home. The form contains the worker and birth parent(s) signatures. Foster parents maintain a copy of the signed 106A in the Medical Passport and provide a copy of the form to the medical provider when medical services are needed.

The DPP 106A contains the following information:

- A definition of routine health care,
- A statement naming the child and attesting to the Cabinet’s authority to provide routine health care,
- A definition of non-routine health care,
- Instructions to guide medical providers as to who may authorize non-routine health care,
- County contact information for medical providers to use to obtain authorization to treat a child/youth, and
- Parent and Worker signatures.

If you have questions about the use of the DPP-106A form or are in doubt as to whether a medical need is routine or non-routine, contact the child’s social service worker or their supervisor for that determination. The foster parent may authorize treatment only in an emergency, when a child needs medical treatment and the DCBS worker or Family Services Office Supervisor (FSOS) cannot be located.

# Bonus Benefits offered to SKY members

We are pleased to offer our members the following extra value-added benefits for your SKY members.

Value-added Benefit	Description
<b>Aetna Better Way to Health</b>	Our innovative incentive programs, offered for adults, teens, and children, are designed to encourage members to obtain important preventive services, while emphasizing personal responsibility and ownership of healthy living.
\$20 for follow-up visit with Mental Health Practitioner	Members 6 years and older will receive a \$20 incentive card for a follow-up visit. <b>Eligibility Criteria:</b> 6 years of age or older <b>Limits &amp; Restrictions:</b> Members are eligible after EACH visit with no annual limit
\$25 HRA Incentive	Members who are pregnant or newly eligible will receive a \$25 incentive card for completing the HRA. <b>Eligibility Criteria:</b> Members who are pregnant or newly eligible <b>Limits &amp; Restrictions:</b> One gift card per year
<b>Alternatives to Opioids</b>	Adult members can receive up to \$150 to use towards these services: acupuncture, massage therapy, dry-needling, and yoga. <b>Eligibility Criteria:</b> 21 years of age or older / <b>Limits &amp; Restrictions:</b> \$150 annually
<b>Asthma Home Care</b>	Members with an asthma diagnosis can receive one set of hypoallergenic bedding and one carpet cleaning annually. <b>Eligibility Criteria:</b> Members Diagnosed with Asthma within the last 12 months <b>Limits &amp; Restrictions:</b> Once a year from last service order
<b>Back to School Assistance Program</b>	Aetna's Community Outreach through school-based family resource coordinators offer backpacks filled with school supplies. This value-added service will increase student access to school supplies and decrease functional limitations. <b>Eligibility Criteria:</b> Children 18 years or under / <b>Limits &amp; Restrictions:</b> One-time event
<b>Birthday in a Box Program</b>	Each child receives a "birthday in a box" that includes party supplies (e.g., paper goods, minimal party decorations), balloons, book/journal, puzzle/game, and a large cupcake. The Birthday in a Box is arranged and delivered by the foster care manager. <b>Eligibility Criteria:</b> Medically complex members / <b>Limits &amp; Restrictions:</b> Once per year
<b>Connections for Life</b>	Eligible members can receive a free cell phone and wireless plan, laptop, education & training around technology literacy, and help connecting to key local and national resources.
Smartphones & Wireless Plan	Eligible foster care members (ages 13-17) who are not in a stable placement home a free smartphone and wireless plan. <b>Eligibility Criteria:</b> Members ages 13-17 <b>Limits &amp; Restrictions:</b> One phone and data plan per member ages 13-17
Laptops	To help bridge this digital divide, Aetna will provide a laptop to foster care members (ages 18+) who are aging out to equip them with one of the key tools necessary for independent living in the modern world. <b>Eligibility Criteria:</b> Members ages 18+ / <b>Limits &amp; Restrictions:</b> One laptop per member
<b>CVS Weight Management Program</b>	A free Nutritional/Weight Loss counseling program that is provided at local MinuteClinic locations. Individualized plan delivers up to a total of 16 visits over the course of 26 weeks. <b>Eligibility Criteria:</b> 18 years of age or older <b>Limits &amp; Restrictions:</b> 2 registrations are maximum allowed

Value-added Benefit	Description
Enhanced Transportation	10 round-trips (up to 60 miles total per round-trip) per year via a transportation vendor to activities such as job interviews, job training, shopping for professional attire, making a trip for food at a grocery store or food bank, and accessing community health services not otherwise covered. <b>Eligibility Criteria:</b> Members referred via UniteUs platform <b>Limits &amp; Restrictions:</b> 10 roundtrips up to 60 miles per roundtrip
Eyeglasses & Fittings	One free pair of eyeglasses every two years, including fittings. This value-added service will be provided to reduce vision distortion headaches, increase eye comfort, and improve quality of life. <b>Eligibility Criteria:</b> 21 years of age or older <b>Limits &amp; Restrictions:</b> Limited to one pair of eyeglasses valued at no more than \$75 per enrollee every 2 years.
<a href="#">SKY Foster Care</a> Duffle Bag Program	Aetna will provide personalized duffle bags filled with personal hygiene items, supplies and a blanket to Foster care members that are transitioning from one home to another. Some items include full size shampoo, conditioner, journal, and coloring book. <b>Eligibility Criteria:</b> Members in Foster Care / <b>Limits &amp; Restrictions:</b> One-time benefit
GED Certification & Job Skills Training	Members will have access to a job skills training platform and the opportunity to discover near career paths, earn credentials and certifications, and highlight those skills to local employers actively looking for talent. Additionally, GED Certifications are also available. Once the student passes the GED online prep course, Aetna will provide a voucher to the student for use to take the GED exam which is good for one year. <b>Eligibility Criteria:</b> 18 years of age or older <b>Limits &amp; Restrictions:</b> 18-year-olds must have permission from school board and a parent or guardian to enroll in GED prep classes.
Getting on T.R.A.C.K. (Transition Ready Assistance & Core Knowledge)	Health literacy program that provides budgeting and basic life skills for children that transition out of care. The courses are taught in partnership with organizations that deliver different components of the curriculum. <b>Eligibility Criteria:</b> 18 – 26 years of age / <b>Limits &amp; Restrictions:</b> N/A
Health Literacy Program	Delivered in collaboration with our quality and community development partners for course facilitation; occasionally host community partners in Regions 3 and 5. Programs include a slow-cooking nutrition course and a Diabetes Nutrition course.
Slow Cooking Nutrition	Slow-cooking nutrition is a free course taught at various venues throughout the community, consisting of a one or two class series. The course offers nutrition 101, wellness activities, healthy meals/recipes for a crock pot and Aetna benefits overview. The course focuses on nutritious and affordable meals using a slow cooker. At completion of the course participants receive an Aetna branded crock pot. <b>Eligibility Criteria:</b> Members in Regions 3 & 5 / <b>Limits &amp; Restrictions:</b> N/A
Diabetes Nutrition	A free basic diabetes course taught at various venues throughout the communities in Regions 4 and 8, where need is high. It is offered as a 6-8-week series. <b>Eligibility Criteria:</b> Members in Regions 3 & 5 / <b>Limits &amp; Restrictions:</b> N/A
Hearing Benefits	Adult members will be eligible for an annual exam and one hearing aid per year with unlimited visits for hearing aid fittings. <b>Eligibility Criteria:</b> 21 years of age and older <b>Limits &amp; Restrictions:</b> Exam and One hearing aid per year or up to \$1600 per year



Value-added Benefit	Description
Home Delivered Meals	<p>In partnership with GA Foods, an organization that cooks and delivers nutritious, medically appropriate meals to members post-discharge. We also provide members with tailored nutritional counseling. This is a 12-week program with opportunity for 2-12-week cycles with the goal of educating members on healthy eating, food preparation and more.</p> <p><b>Eligibility Criteria:</b> CM referral (diabetes, heart disease/hyperlipidemia, heart disease/hypertension, chronic heart failure, COPD/asthma, cancer, chronic kidney disease/end stage renal disease, obesity, non-healing wound, GERD, high-risk pregnancy, and/or anemia diagnosis).</p> <p><b>Limits &amp; Restrictions:</b> Available post-discharge</p>
"Keeping Kids Safe" Medication Lockbox Program	<p>This program is a part of Aetna's national campaign to fight the opiate crisis. This harm reduction intervention is used to support safety by providing members with a lockbox to secure their medications.</p> <p><b>Eligibility Criteria:</b> Members who are prescribed a medication and have children in their home</p> <p><b>Limits &amp; Restrictions:</b> One lockbox per household</p>
Maternity Matters	<p>Maternity Matters will be offered as a preventive health program for pregnant members and new mothers and is filled with benefits and incentives to reduce pre-mature births, mortality and encourage care. Incentives are received via reloadable card. The funds earned can be used for healthy foods, maternity supplies, and diapers at a variety of local and online stores.</p>
\$25 Initial Prenatal Visit	<p>Pregnant members can receive \$25 for completing their initial prenatal visit.</p> <p><b>Eligibility Criteria:</b> Pregnant members / <b>Limits &amp; Restrictions:</b> One per pregnancy</p>
\$10 Subsequent prenatal visits	<p>Pregnant members can receive an additional \$10 for each visit (10 visit-incentives maximum).</p> <p><b>Eligibility Criteria:</b> Pregnant members</p> <p><b>Limits &amp; Restrictions:</b> \$100 max per pregnancy/10 visits max</p>
\$25 Post-Partum Visit	<p>New mothers can receive \$25 for attending a post-partum visit within 21-50 days after the baby is born.</p> <p><b>Eligibility Criteria:</b> New Moms / <b>Limits &amp; Restrictions:</b> One gift card per pregnancy</p>
Cribs for Moms	<p>Pregnant members can earn a portable crib at 37 weeks of pregnancy for seeing their doctor regularly during their pregnancy.</p> <p><b>Eligibility Criteria:</b> Pregnant members</p> <p><b>Limits &amp; Restrictions:</b> One crib per pregnancy, exceptions are made for multiple births (twins)</p>
Family Transportation	<p>Members enrolled in Maternity Matters program can receive transportation provided for entire family that includes a car seat for children. Limited to 10 roundtrips (up to 60 miles total per round-trip) per year.</p> <p><b>Eligibility Criteria:</b> Pregnant members and New Moms / <b>Limits &amp; Restrictions:</b> 10 roundtrips (up to 60 miles total per round-trip) per year</p>
Simple Necessities Vending Machines	<p>To begin addressing some of the practical daily needs of these members, Aetna has set up a vending machine for basic needs utilizing a card-based access system that is located inside the living room of a shelter located in Centerstone. It contains transportation passes and personal hygiene items that include: toothpaste and toothbrushes, shampoo and conditioner, body wash for men and women, deodorant, shaving kits, hairbrushes, socks for men and women, underwear, baby wipes, warm hats, Aetna drawstring bags, and Aetna water bottles. We recently have expanded a vending machine to a Homeless and Foster Youth shelter. Additionally, in partnership with the Street Med Program Aetna will continue to deliver hats and gloves to members in need.</p> <p><b>Eligibility Criteria:</b> Homeless members</p> <p><b>Limits &amp; Restrictions:</b> Available in Seven Counties Services which is a Community Mental Health Center</p>

Value-added Benefit	Description
Smile KY Program	In partnership with the University of Louisville Dental School, will offer free mobile dental clinics and dental screenings to elementary children in Region 3. <b>Eligibility Criteria:</b> Elementary children (14 and under in Region 3) <b>Limits &amp; Restrictions:</b> One clinic/screening per year

# Our Resources

## Health Plan Website

The health plan website is a resource for members and providers. Providers will find information such as the member handbook, provider manual, and the formulary on the health plan website.

Providers can use the website to:

- Access the provider manual
- Access the formulary
- Access Clinical Guidelines
- Locate plan resources and frequently used documents
- Register for and access the provider portal
- Access the Secure Provider Portal
- Access the online Provider Directory

### Visit the Website:

**[AetnaBetterHealth.com/Kentucky](https://www.aetna.com/betterhealth/kentucky)**

## Provider Inquiries

Aetna Better Health uses an Interactive Voice Response system (IVR) to allow providers to self-serve anytime. You can access the IVR by calling the Customer Service Department at **1-855-300-5528 (TTY: 711)**. You can speak with a dedicated Kentucky SKY staff representative between the hours of 7 AM and 7 PM, Monday through Friday. From the IVR you can simply speak your responses to be routed to the correct area.

## Secure Provider Portal

The Secure Provider Portal is a web-based platform which connects providers with real-time member information anytime. With a secure log on, providers can perform many functions within the web-based platform. The following information can be obtained from the Secure Provider Portal:

- Member Eligibility Search – Verify current eligibility status, copayment, and benefit information.

- Panel Roster – View the list of members currently assigned to the provider as the PCP.
- Provider List – Search for a specific provider by name, specialty, or location.

Claims Status Search – Search for provider claims by member, provider, claims number, or service dates. Only claims associated with the user’s account provider ID will be displayed.

For additional information regarding the Secure Provider Portal, please access the Secure Provider Portal instructions located on our website. If you are interested in using this Secure Provider Portal, please complete the portal registration form.

**[AetnaBetterHealth.com/Kentucky/providers/portal](https://www.aetna.com/betterhealth/kentucky/providers/portal)**

## Billing Guidelines

Aetna Better Health of Kentucky encourages all participating providers to submit electronic claims whenever possible. Electronic claim submission offers providers the fastest and most efficient claims adjudication and reduces office paperwork and mailing costs.

Aetna Better Health has partnered with Change Healthcare to provide electronic services to our providers. Aetna Better Health has implemented electronic claim filing in order to meet the Health Insurance Portability and Accountability Act (HIPAA) compliance standards. Additional electronic claim submission information is available online at **[AetnaBetterHealth.com/Kentucky](https://www.aetna.com/betterhealth/kentucky)**. Please verify with your practice management vendor regarding file formatting and information on how to submit claims.

Clearinghouse	Change Healthcare
Payor ID #	128KY
Claim type	UB and CMS
Contact number	1-877-469-3263

All paper claims for initial and corrected submissions must be submitted directly to Aetna Better Health at the following address:

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

## Access and availability standards

The following access and availability standards must be provided by all our participating providers:

Medical services	
Appointment type	Access/appointment standard
Emergent	Immediately
Urgent care appointments	Within 48 hours
Non-urgent sick appointments	Within 72 hours
Initial new member appointment	Less than 12 weeks
Routine and preventative care	Within 30 days
Maternity care	
Appointment type	Access/appointment standard
Initial prenatal visit for newly enrolled pregnant women in first trimester	Within 14 days
Initial prenatal visit for newly enrolled pregnant women in second trimester	Within 7 days
Initial prenatal visit for newly enrolled pregnant women in third trimester	Within 3 days
Initial prenatal visit for newly enrolled pregnant women with high risk pregnancies	Within 3 days
Behavioral health & substance use services	
Appointment type	Access/Appointment Standard
Emergent	Within 6 hours for non-

	life-threatening emergency services
Urgent care	Within 48 hours
New member appointments	Within 10 days
Aftercare appointments	Within 7 days after hospital discharge
Other referrals	Within 60 days
Routine and preventative care	Within 10 days

\*does not apply to emergency room wait times

## Waiting Times

The average waiting time for appointments should not exceed 45 minutes from scheduled appointment time. This includes time spent in the lobby and the examination room prior to being seen by a provider. Appointment logbooks or sign-in sheets must be maintained by providers to demonstrate compliance with this requirement.

## Twenty-four (24) Hour Access to Care

Providers are required to ensure access to care is provided 24 hours a day, 7 days a week. Providers are required to arrange and maintain after-hours on-call coverage with participating providers. This involvement ensures the overall quality and continuity of care for the member.

## Provider Appeals and Grievances

At Aetna Better Health of Kentucky, we care about our providers. There may be times, however, when a provider will need to file an appeal or a grievance.

An appeal is the way you can have actions we take reviewed. There are different types of appeals. A provider appeal, as defined by The Commonwealth of Kentucky, is an appeal about provider payment or a contractual issue.



## How to File

We have processes designed to let you tell us when you are dissatisfied with a decision we make. You may file a complaint or an appeal. We have outlined each process below. There are several ways you can get your complaint or appeal to us. You can:

- Fax your appeal to us at **1-855-454-5585**. Our fax is secure and is available twenty-four (24) hours a day, every day. This is the fastest and most preferred method to send an appeal.
- Call us to tell us about your appeal or complaint at **1-855-300-5528**. We're open Monday through Friday from 7 AM to 7 PM ET.
- File a written complaint to us at:  
Aetna Better Health of Kentucky  
Attn: Complaint and Appeal  
Department  
PO Box 81040 - 5801 Postal Rd  
Cleveland, OH 44181
- You can email us at:  
[KYAppealandGrievance@Aetna.com](mailto:KYAppealandGrievance@Aetna.com)

## Provider External Review

If you don't agree with our decision on your appeal, the state allows you to have a third-party review of your case, pursuant to 907 KAR 17:035.

A Provider Grievance is a complaint about payment issues or contractual issues is a provider complaint. You can send us your information to file a complaint by mail, fax, or email. We may ask you to send supporting documentation so we can investigate your concern as thoroughly as possible. It's important that you include a general statement about the basis for your complaint.

## Provider Training

Aetna Better Health of Kentucky is committed to improving outcomes for children and families involved in the foster care and juvenile justice systems. We recognize the importance of developing resources and training for our provider partners as we embark on this collaborative mission.

Our System of Care framework improves trauma-informed care throughout the delivery system and helps enrollees achieve positive and holistic physical, behavioral, and social health outcomes supported by evidence-based, trauma-informed treatment and recovery services. This approach includes a full spectrum of effective, community-based physical, behavioral, and oral health care treatment services along with psychosocial services and supports for individuals, their families, and circles of support that are organized into a coordinated network-within-a-network functioning as a virtual team.

Through our innovative circle of support teams, we will coordinate the delivery of health care with wraparound services, family engagement, tools, and resources.

Aetna offers several provider trainings and educational opportunities to our integrated providers in order to increase overall knowledge and better serve our vulnerable enrollees such as children and youth in foster care, those receiving adoption assistance, and justice-involved youth. Every day, Aetna Better Health of Kentucky aims to achieve safety and permanency for children and improve health outcomes for these youth

Below is a list of provider trainings that are offered.

**For a complete listing of trainings, dates/times or to sign up please visit our website.**

Training Program
Virtual Office Hours
SKY Overview Training educates on system transformation and design as well as program.
New Provider Orientation for SKY, offered to new providers or office who have had change over in staff.
Review of medical consent, information, and timeliness <ul style="list-style-type: none"> <li>• Medical consent requirements</li> <li>• Specific medical information required for court requests and judicial review of medical care</li> <li>• Required timelines for services and assessments</li> </ul>
Aging out process and support available through Aetna
Family First Prevention Services Act and other federally mandated services and programs impacting Kentucky SKY enrollees
Behavioral Health – Resources <ol style="list-style-type: none"> <li>1. Screening for and identification of Behavioral Health disorders</li> <li>2. Evidence-based Behavioral Health treatment interventions; and specific Behavioral Health and Physical Health needs of the Kentucky SKY populations.</li> <li>3. Specific Behavioral Health and Physical Health needs of the Kentucky SKY populations (NEW)</li> </ol>
Trauma-Informed Care, TIC
Children Adolescent Needs & Strengths, (CANS)
Crisis Intervention Services

High Fidelity Wraparound
The impact of Adverse Childhood Experiences (ACEs)
Neonatal Abstinence Syndrome
Appropriate utilization of psychotropic medications-
Substance Exposed Infants
Training for Youth Transitioning
The Care Coordination Team
<b>Sex Trafficking 101</b>
Supporting LGBTQ Youth
Performance Measures and Health Outcomes.
Provider Portal (Avallity)



Aetna uses multiple strategies to communicate with our providers

## Clinical delivery

### Utilization Management

The Aetna Better Health Utilization Management (UM) program ensures that our members receive quality

services that are medically necessary, meet professionally recognized standards of care, and are provided in the most effective and medically appropriate setting. Our program provides a mechanism for prospective, concurrent and retrospective review of services and treatments provided.

## **Quality Improvement Program Description**

Aetna Better Health maintains a quality management program that promotes objective and systematic measurement, monitoring, and evaluation of services and implements quality improvement activities.

### **Program Oversight**

The Quality Management/Utilization Management Committee (QMUM), comprised of Aetna Better Health participating providers, medical directors, and management staff, is granted the authority and primary responsibility for continuous oversight of the UM program by the Board of Directors. The UM program is overseen by the Director of Health Services.

### **Prior Authorization, Concurrent Review and Retrospective Review Criteria**

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.

To support prior authorization, concurrent review, and retrospective review decisions, we use nationally recognized evidence-based criteria with input from health care providers in active clinical practice.

We apply these criteria based on medical necessity and appropriateness of the requested service, the individual member's circumstances, and applicable contract language concerning the benefits and exclusions. The criteria will not be the sole basis for the decision.

Criteria sets are reviewed annually for appropriateness to the Aetna Better Health's population needs and as nationally or community-based clinical practice guidelines are updated. The annual review process involves appropriate practitioners in developing, adopting, or reviewing criteria. The criteria are consistently applied, considering individual needs of the members and allow for consultations with requesting practitioners/providers, when appropriate.

### **Prior Authorization**

The prior authorization process supports:

- Verification of current member eligibility based on the information available from the Commonwealth via KYHealthNet at **public.kymmis.com**.
- The review of the service requested based upon the available benefit plan for the member.
- The evaluation of medical necessity of services based on the type of service, level of care and network availability as mandated by the Aetna Better Health contract with the Commonwealth of Kentucky.
- Accurate claims adjudication.
- Identification of members that may benefit from a referral to integrated care management.

## Prior Authorization List

For a comprehensive listing of authorization requirements by Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes, please visit the Aetna Better Health provider portal at **AetnaBetterHealth.com/Kentucky** and refer to the prior authorization tool/directory.

If you do not have access to the portal, please contact Network Relations Team to register for portal access. The authorization requirements are updated periodically. Please utilize the provider portal to ensure you have the most up-to-date requirements.

## Requesting Authorization

Medical Providers may request authorization and submit notification Monday - Friday between the hours of 8 AM – 6 PM ET. **The form is available on the website.**

Behavioral Health Providers may request authorization and submit notification 24 hours a day/7 days a week. The form is available on the website:  
[AetnaBetterHealth.com/Kentucky/providers/library](https://AetnaBetterHealth.com/Kentucky/providers/library)

Fax the request form to:

- Medical: **1-855-454-5579**
- Outpatient Behavioral Health:  
**1-855-301-1564**
- Behavioral Health Psychological and
- Neuropsychological Testing: **1-844-885-0699**
- Call us toll free:
  - Medical: **1-888-725-4969**
  - Behavioral Health: **1-855-300-5528**
- Submit through our 24/7 Secure Provider Portal: **Secure Portal**

## Advanced Health Care Directive

Aetna Better Health is required to provide

education about advanced directives to providers, staff, and members. Advanced directives provide the right for any member to participate in and direct their own health care decisions, to accept or refuse medical or surgical treatment, and to prepare an advance directive which is documented in writing.

## Fraud, Waste and Abuse Guidelines

Aetna Better Health is a Kentucky Medicaid managed care organization and as such is bound by all federal and state anti-fraud and abuse programs. Aetna Better Health must report any potential fraud or abuse by our providers and members. We are bound contractually by the Commonwealth to report these occurrences and must investigate any fraudulent or abusive behavior.

## Program Description

Aetna Better Health has a comprehensive fraud and abuse program for both providers and members. Within our program, fraud and abuse prevention, detection, reporting, reviewing, and corrective actions are our main goals. Much of the detection process comes from providers because they are in the best position to see characteristics of fraud, which leads to the minimization of fraud loss. Organizations suffer tremendous costs as a result of fraud and abuse. With the basic understanding of fraud and abuse along with some common examples, it will be easier to detect any fraudulent activity routine.

Some common examples of member fraud are:

- Letting someone else use their insurance card
- Using multiple physicians to acquire abusive drugs

Some common examples of provider fraud are:

- Billing for services not provided
- Billing for more expensive services than provided

By understanding the common acts of fraud and abuse, we can all work together to try and eliminate the effects of fraudulent and abusive behaviors.



## Learn more

For more information about the SKY program, services or other programs visit our self-service website to get the most recent full version of our provider manual.

If you have questions about this guide or recommendations please call your Network Manager, we want to hear from you.

[Our Website](#)

[Provider Manual](#)



