

AETNA BETTER HEALTH® OF KENTUCKY

Fax Blast

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www.aetnabetterhealth.com/kentucky/providers/news

To: Network Providers

Fax: <<location_fax>>

From: Provider Relations

Date: May 27, 2016

Formulary Change effective May 30, 2016

Re: Provider Portal Enhancements

Pages: 3 pages with cover

Prior Authorization Update effective July 1, 2016

Notes:

We appreciate your participation in the Aetna Better Health of Kentucky provider network. Please review the attached information.

Thank you for being part of the Aetna Better Health of Kentucky network.

This document may contain confidential or privileged information. If you think you have received this message in error, please contact the sender and then destroy this document immediately. Thank you, Aetna Inc.

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To: Network Providers
From: Provider Relations
Date: May 27, 2016
RE: Formulary Change effective May 30, 2016
Provider Portal Enhancements
Prior Authorization Update effective July 1, 2016

1. The following changes are being made to the drug formulary, effective May 30, 2016:

Drug formulary information

Effective date of change: May 30, 2016
Medication affected: Harvoni® (Ledipasvir and sofosbuvir tablets, for oral use)
Drug Category: Hepatitis C antiviral medication
Change: Move to non-formulary
Effect on current members:

- All members currently on Harvoni® will be grandfathered for completion of Harvoni® treatment for Hepatitis C.
- New patients presenting with Genotype 1 or 4 will be offered as first line, Zepatier®.
- As Harvoni® and Zepatier® offer primary diagnosis coverage for Genotype 1 and 4. Both Harvoni® and Zepatier® provide viral “cure” rates of 98-100%.

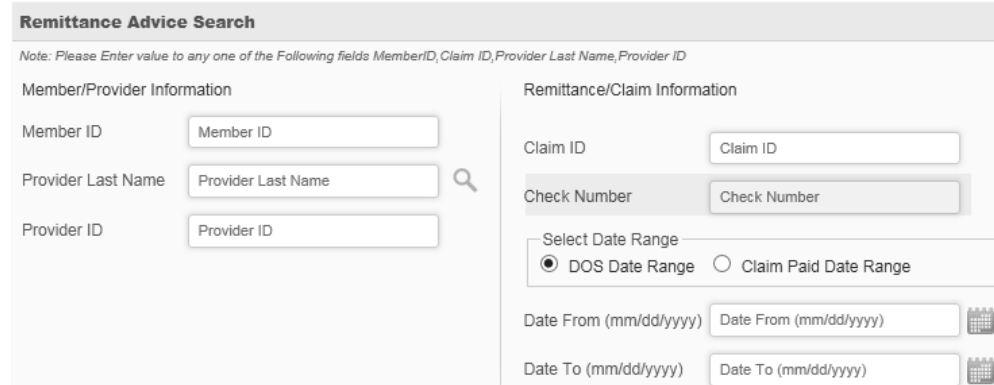
2. The following enhancements to the Aetna Better Health of Kentucky Medicaid Web Portal (MWP) were effective Friday evening, May 20, 2016.

Enhancements

- Search Remittances by Check/EFT Number
- Display NPI in Claim Search Function when Identifying Provider
- MMIC Pilot Only- Include Inactive Records when Searching Claims via Member Name

Search Remittances by Check/EFT Number

Provider and Plan Users will now have an additional field in the Search Remittance function that will retrieve remittance results based on entering the complete Check/EFT Number.



The screenshot shows a web form titled "Remittance Advice Search". At the top, a note reads: "Note: Please Enter value to any one of the Following fields MemberID, Claim ID, Provider Last Name, Provider ID". The form is divided into two main sections: "Member/Provider Information" and "Remittance/Claim Information".

Member/Provider Information:

- Member ID: [Text input field]
- Provider Last Name: [Text input field]
- Provider ID: [Text input field]

Remittance/Claim Information:

- Claim ID: [Text input field]
- Check Number: [Text input field]
- Select Date Range: DOS Date Range Claim Paid Date Range
- Date From (mm/dd/yyyy): [Text input field] [Calendar icon]
- Date To (mm/dd/yyyy): [Text input field] [Calendar icon]

Display NPI in Claim Search Function when Identifying Provider

In the Claims Search function, when a Provider or Plan User receives the screen for selecting the appropriate provider for searching, the NPI information, if available, will be displayed to assist in identification.

PLAN USER VIEW

Search Results (20)						
Provider's Full Name	NPI	Provider ID	Address	City	State	
<input type="radio"/> SMITH, DEBBIE L	1255655676	PCRQ230560516	15005 W Piana Trl, Surprise, AZ, 85374	Surprise	AZ	
<input type="radio"/> SMITH, DEAN F	1962482398	CZ0000000005672	1850 N Central Ave Ste 1600, Phoenix, AZ, 85067	Phoenix	AZ	
<input type="radio"/> SMITH, DAVID W	1770787863	CZ0000000004626	37100 N Gantzel Rd Ste 107, San Tan Valley, AZ, 85140	San Tan Valley	AZ	
<input type="radio"/> SMITH, DAVID M	1568462943	CZ0000000003406	9100 N 2nd St Ste 321, Phoenix, AZ, 850202879	Phoenix	AZ	

PROVIDER USER VIEW

Search Claims

Note: Please select a Provider Name

Member/Provider Information

Member Last Name

Member ID

Provider Name *

Claim Information

Claim ID

Claim Type

Status

Check Number

Date Range

From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Provider Name

- BAYLESS BEHAVIORAL HEALTH - BEARD, PETRAN J - 1205987039
- DYNAMITE CREEK MEDICAL CENTER - EDI UNKNOWN PROVIDER - HCFA - LINEHAN, JENNIFER M - 1467547414
- MATHIS, CHERYL - 1558560896
- MICHAEL B BAYLESS AND ASSOCIATES INC - ZENNER, ROBERT G - 1467445122

- Effective **July 1, 2016**, there will be updates to our current prior authorization requirements. New codes for 2016 will be loaded with the corresponding prior authorization requirement. You will also see changes to some of the prior authorization requirements for current codes. These updates and changes will be updated on the provider portal on **July 1, 2016**.

The PA grid is available on our portal. First access our website at www.aetnabetterhealth.com/kentucky, click on "Provider Portal" and then "Log In" to access the portal.

Please note this additional clarification for prior authorization requirements: The provider has one business day to notify the health plan if additional services are needed after a PA has been obtained for any service.