

## AETNA BETTER HEALTH® OF KENTUCKY

A copy of this communication is available on our website: [www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky), and click on “Provider News.”

### PROVIDER NEWSFLASH – REVISION - JUNE 2, 2017 – PAGE 1 OF 4

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**To:** Network Providers

**Fax:** <<location fax>>

**In the News:** PLEASE DELETE TODAY’S EARLIER FAX AND USE THIS VERSION AS THE MOST CURRENT

- 1. Updated Appeals Information**
  - 2. Updated Provider Relations Representative Listing**
  - 3. Reminder for Ordering, Referring and Prescribing**
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#### 1. Updated Appeals Information

Please note the following related points which will help to direct your inquiries for appeals to the correct area and in many cases may help your case to be processed more quickly:

- Each CMS 1500 corrected claim must clearly indicate “corrected” or “resubmittal” Corrected claims must use the appropriate type of bill to indicate a correction. All Claim lines must be submitted on corrected claims.
  - Medical Records would be an appeal.
  - Corrected Claims would include any correction to the claims. Ex. Taxonomy or modifiers.
  - Resubmittal would include invoices
- In the future if you dispute a claim please call Claims Inquiry/Claim Reconsideration (CICR) at **1-855-300-5528** or your Provider Relations Representative to inquire about the dispute.

In the event that you file an appeal, please keep the following in mind:

- It is helpful to your case if you clearly explain that you are filing an appeal and provide supporting documentation. You should use facts to explain why we should make a decision in your favor.
- You must include a written letter that states you’re requesting an appeal.
- Appeals submissions are not only accepted but welcomed by both email and fax.
  - Fax: **1-855-454-5585**
  - Email: [KYAppealandGrievance@aetna.com](mailto:KYAppealandGrievance@aetna.com)
- Provider appeals must be received in our offices within one year from the incident, remit date or date of our last denial letter. Any requests received outside this timeframe are considered untimely per Kentucky regulations, and cannot be processed.

#### 2. Updated Provider Relations Representative Listing

We have had a change to our Provider Relations Representative Team. Please see the attached to find out if your representative has changed.

You will also find an updated list on our website at [www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky), click on “For Provider” and then on the link, “Who is My Provider Relations Representative?”.

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## Who is my Provider Relations Representative?

PR Rep	Telephone	Email	Provider Type	Regions (Counties listed below)	Other States
Gina Gullo	(502) 612-9958	Rlgullo@aetna.com	Hospitals**	1, 2, 3b	IN
Sherry Farris	(513) 218-7725	Sxfarris@aetna.com	Hospitals**	3a, 4, 5	TN
JoAnn Rose-Marston	(859) 669-6217	Jxrose@aetna.com	Hospitals**	6, 7, 8	OH, VA, WV
Danette Matthews	(502) 269-2040	Matthewsd@aetna.com	Non-Hospitals & Baptist	1, 2, 5	VA
Phillip Kemper	(502) 719-8604	Pxkemper@aetna.com	Non-Hospitals	3, 5, 6	IN, All Other
Abbi Wilson	(270) 498-1443	Axwilson4@aetna.com	Non-Hospitals	4, 5 IPAs*	TN
Holly Smith	(815) 641-7411	SmithH3@aetna.com	Non-Hospitals	7	OH, WV
			Behavioral Health***	5	
Jacqulyne Pack	(606) 331-1075	Jmpack@aetna.com	Non-Hospitals	5, 8	
Lori Kelley	(859) 302-6334	KelleyL2@aetna.com	Behavioral Health***	CMHC, Baptist Health Behavioral Health***	

\*\*\* Behavioral health providers that are not already working with Lori Kelley or Holly Smith will be assigned to the Provider Relations representative for the BH provider's particular region.

### Regions Map



### List of Counties by Region

<b>Region 1</b>	Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, Marshall, McCracken			
<b>Region 2</b>	Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster			
<b>Region 3a</b>	Carroll, Bullitt, Henry, Nelson, Oldham, Shelby, Spencer, Trimble, Washington			
<b>Region 3b</b>	Breckenridge, Hardin, Larue, Marion, Meade, Grayson			
<b>Region 4</b>	Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne			
<b>Region 5</b>	<b>Danette Matthews:</b> Anderson, Boyle, Clark, Estill, Franklin, Garrard	<b>Phillip Kemper:</b> Jackson, Jessamine, Lincoln, Madison, Mercer, Montgomery	<b>Abbi Wilson:</b> Powell, Rockcastle, Bourbon, Harrison,	<b>Jacqulyne Pack:</b> Fayette, Nicholas, Owen, Scott, Woodford
<b>Region 6</b>	Boone, , Campbell, , Gallatin, Grant, Kenton, Pendleton			
<b>Region 7</b>	Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan,			
<b>Region 8</b>	Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott, Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, Whitley, Wolfe			
<b>*IPAs</b>	The Physicians Network (TPN), Kentucky Primary Care Association (KYPCA), The Association of Primary Care Physicians (APCP)			
<b>**Hospitals</b>	The hospital PR Rep handles the hospital systems, this includes the physician or other specialty groups tied to the hospital			

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#### 3. Ordering Referring Prescribing Requirements effective April 1, 2017

Just a reminder, effective **April 1, 2017**, Aetna Better Health implemented the requirement of the Center of Medicaid Services (CMS) for the Affordable Care Act (ACA), that now requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe, and refer items or services for Medicaid recipients. This requirement applies to those ordering, referring, and prescribing provider who are enrolled with the contracted Medicaid Managed Care Organizations.

This change is designed to ensure that all orders, prescriptions and referrals for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have not been excluded from participation in Medicaid. The change requires providers to include the CMS Final Rule mandate that if items or services are ordered, prescribed or referred by a resident or teaching physician, they must be identified on the claim by his or her legal name and National Provider Identifier (NPI), and he or she must be an enrolled Medicaid provider.

The providers that are eligible to be ordering, referring, prescribing or attending providers are:

Provider type 60	Dentist
Provider type 64	Physician
Provider type 74	Nurse Anesthetist
Provider type 77	Optometrist
Provider type 78	Certified Nurse Practitioner
Provider type 80	Podiatrist
Provider type 85	Chiropractors
Provider type 95	Physician Assistant

The entry of Ordering or Referring Provider is required if the service is ordered or referred. However, from an encounter editing standpoint an ordering or referring provider must be entered by the following provider types:

Provider type 18	All services billed by a Private Duty Nurse
Provider type 36	All services billed by an Ambulatory Surgery Center
Provider type 37	All services billed by an Independent Lab
Provider type 50	All services billed by a Hearing Aid Dealer
Provider type 52	All services billed by an Optician
Provider type 54	All <u>crossover</u> services billed by a Pharmacy
Provider type 70	All services billed by an Audiologists
Provider type 76	All services billed by a Multi-therapy Agency

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Provider type 79	All services billed by a Speech Language Pathologist
Provider type 86	All services billed by an X-Ray/Miscellaneous Supplier
Provider type 87	All services billed by a Physical Therapist
Provider type 88	All services billed by an Occupational Therapist
Provider type 90	All services billed by a DME provider

Provider type 34, Home Health Agencies, (and all other providers submitting on the UB-04) will still be required to submit an Attending Provider on all of their encounters.

This requirement also applies to out-of-state ordering, referring, and or prescribing providers. These providers must also be enrolled in Kentucky Medicaid for services to be paid by Fee for Service (Traditional) Medicaid and with the contracted managed care organizations, should services be provided to impacted Medicaid recipients.

This requirement was implemented beginning **April 1, 2017** and is applicable to all claims with dates of service beginning on that date and going forward. In order to give the affected providers time to comply with the requirement, claims with the date of service between **April 1, 2017** and **July 1, 2017** that do not meet this requirement will continue to be paid and a reminder notice will be provided to the provider of such claims. All claims which are submitted for dates of service beginning and after **July 1, 2017** which do not comply with the requirement will be denied.

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