

AETNA BETTER HEALTH® OF KENTUCKY

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www.aetnabetterhealth.com/kentucky, go to Provider News

PROVIDER NEWSFLASH – WEDNESDAY, FEBRUARY 21, 2018 – PAGE 1 OF 2

To: All Network Providers

Fax: <<location fax>>

In the News: 1. Changes and Improvements to Provider Processes

Our partnership with you is important. That is why we are happy to tell you about some important changes in provider processes. These are part of the ongoing efforts Aetna is implementing to improve your provider experience.

See what's changing

Be sure to read through the changes for the following processes.

Emergency Room (ER) triage policy

- Aetna Better Health of Kentucky is ending its current ER Medical Screening Exam process effective **May 1, 2018** and replacing it with a post payment clinical review, as outlined here.
 - All emergency room facility claims will pay per a provider's contractual rates
 - Any non-emergent diagnoses paid in conjunction with Revenue Code 450 will be reviewed in a post payment claims process.
 - The first listed ICD-10 diagnosis will be compared to a list of non-emergent diagnoses.
 - Claims with non emergent diagnoses will be aggregated monthly and a request for medical records will be sent to facilities that do not have an outpatient settlement or a contracted case rate.
 - A nurse and physician will review medical records for medical necessity based upon 907 KAR 3:130, section 2 and section 1(4).
 - When medical records do not support an emergency medical service, Aetna will issue a claim recoupment letter with payment re-adjudicated at \$50.

- Medical records not received within 30 days will be subject to a claim recoupment letter with payment re-adjudicated at \$50.
- Appeals may be submitted with medical records to:
Aetna Better Health of Kentucky
9900 Corporate Campus Drive, Suite 1000
Louisville, KY 40223
Attn: Complaint and Appeals Department
Or please fax the appeal to **1-855-454-5585**.

Transition to InterQual

- Aetna Better Health of Kentucky is pleased to announce that it will be transitioning from MCG™ (formerly Milliman) to InterQual evidence based clinical criteria on March 1, 2018. We believe that by joining many of our provider and payer partners in the state who also use InterQual we can make it easier for you to deliver the highest quality, most appropriate care while eliminating waste. InterQual's comprehensive criteria connects and aligns organizations with actionable, evidence based clinical intelligence that helps optimize care management decisions, support appropriateness of care, manage medical costs and foster appropriate utilization of resources.
- Although care guidelines are essential for ensuring medical necessity determinations and appropriate resource utilization, there is no substitution for a physician's professional opinion and our partnership with you is built on this strong foundation. This change will apply to physical and behavioral health services. There will be no change in criteria used for substance use disorder and we will continue to use the American Society of Addiction Medicine (ASAM) criteria.

Multiple Procedure Reduction

- Aetna Better Health of Kentucky has made the decision to remove the Multiple Procedure Reduction (MPR) for hospitals which currently have outpatient settlement provisions in their agreements with ABH. This will take effect May 1, 2018 for all applicable providers. Any provider interested in restructuring their contract to add outpatient settlement provisions, should feel free to contact us.