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AETNA BETTER HEALTH® OF KENTUCKY

A copy of this communication will be available on our website: **www.aetnabetterhealth.com/kentucky**, go to **Provider News**

To: Network Providers **Fax:** <<location fax>>

Subject:

1. **Medically Frail Attestation Forms**
2. **Clinical Payment, Coding and Policy Changes**
3. **KY HEALTH Provider Education Webinars Reminder**

1. Medically Frail Attestation Forms

Thank you for working with Aetna Better Health of Kentucky to provide care to our valued members. As part of the Kentucky HEALTH 1115 Waiver program, we want to share more information about the medically frail attestation process.

For the members that have been identified as possibly medically frail, our providers are imperative to ensuring members are deemed medically frail and receive the most appropriate benefit structure. To be deemed medically frail, an attestation must be completed by a Kentucky Medicaid provider. Aetna Better Health of Kentucky has made the medically frail attestation, as well as the medically frail condition guide, available electronically via our provider web portal and the provider deliverable management tool. We also will accept the medically frail attestation by e-mail (**Kentucky_Medicallyfrailattestation@aetna.com**) or by fax ((959)-282-8582). A step-by-step guide titled "Completing an Attestation" is enclosed.

Once submitted, the member's information will be input into the scoring tool. The scoring tool was provided by the Department for Medicaid Services and is the same for all MCOs. If the member meets the criteria, the member will be notified by mail. If the member does not meet the criteria, a denial notification will be mailed with information on their right to appeal the decision.

Members are assigned the medically frail status for a period of 12 months. The annual evaluation process will begin 90 days prior to the end of the twelfth month.

Medically frail members will be enrolled in the State Medicaid Plan and their benefits will not change. Members who do not qualify as medically frail, will be enrolled in a cost sharing benefit plan. Under the cost sharing plan, members will be required to use the "My Rewards" account to access vision/dental benefits and may be required to complete the community engagement requirements.

We want to partner with you to ensure our members receive the most appropriate benefits for their life circumstances. There is a dedicated Medically Frail case management team ready to assist you.

Please see below for a list of resources and methods for contacting Aetna Better Health of Kentucky.

- **Case management representative:**
  1 (855)300-5528 Option 3 and then option 5

- **The Aetna Better Health of Kentucky Provider Portal**
  http://www.aetnabetterhealth.com/Kentucky
  - From there, click on Provider Portal and then Login.

COMPLETING AN ATTESTATION

Aetna Better Health of Kentucky

Log into Provider Deliverable Management (PDM) system

- Click on Enter/Upload Deliverable
- Step 1 – Select Kentucky Health Medically Frail Attestation
- Step 2 – Select Medically Frail Attestation
- Step 3 and Step 4 auto populate
- Step 5 – Enter todays date
- Click NEXT
- Click "+ Add Record"
- The attestation form opens

PART I: Member Information

- Enter name of Member
- Populate remaining fields in PART 1

PART II: Chronic Homelessness

- Select Y or N if member is chronically homeless
    - Add notes if applicable

PART III: Member Activities of Daily Living

- Select the level of help needed and the impairments for items 1-6

Part IV: Medical Conditions

- Select the answers for A – N using the "Kentucky Medically Frail Condition Guide". The condition guide and the "Kentucky Medically Frail ICD 10 Mapping" spreadsheet. There are some options in the dropdown. You may use the traditional ICD 10 code to find the corresponding code on the condition guide and or the mapping spreadsheet. Use that code to populate the attestation.

- The Condition Guide **MUST** be used to population Part IV as the attestation will not score accurately. The codes provided are the only codes that the attestation will accept. The attestation will accept one (1) code for each condition.

- Complete the bottom section for signature and attestation and then submit

NOTE: The process for the Hardcopy attestation is the same. The difference is in the manner in which it is submitted to the MCO.

2. Clinical Payment, Coding and Policy Changes

NEW POLICY UPDATES
CLINICAL PAYMENT, CODING AND POLICY CHANGES

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below chart of upcoming new policies.

Effective for dates of service beginning **August 28, 2018**

Bundled Facility Payment Policy-Pre-Admission Outpatient Services Treated as Inpatient Services -According to CMS policy, once a member is admitted to an Inpatient Hospital or Critical Access Hospital (CAH), it may be necessary to transport the member to another hospital or other site temporarily for specialized care while the member maintains inpatient status with the original provider. This movement of the patient is considered "patient transportation" and is covered as an inpatient hospital or CAH service. Transportation services are not separately payable from the payment to the inpatient institution.
Dermatology Policy-Laser Treatment of Psoriasis-According to the AMA CPT Manual and CMS policy, laser treatment of psoriasis should only be reported with a diagnosis of psoriasis or parapsoriasis
Duplicate Services Policy-Duplicate Claims From a Non-Physician Practitioner (NPP) Under Same Tax ID-According to our policy, when the same codes are billed for the same date of service by a non-physician practitioner (NPP) with the same Tax ID and the primary diagnosis matches any diagnosis on the different claim reported by another physician/midlevel provider in the same group (same Tax ID), this scenario is considered a duplicate service.
Gastroenterology Policy-Colonoscopy- According to the American College of Physicians, United States Preventive Service Task Force, and American Gastroenterological Association Policy, colorectal cancer screening is covered routinely only for patients 50 years of age and older. Patients under 50 should only require a screening colonoscopy if the patient is high risk,
Laboratory-Pathology Policy-Vitamin D Testing- According to the Endocrine Society and the American Association for Clinical Chemistry, measurement of serum Vitamin D; 1, 25 dihydroxy is not recommended as a screening study. There is evidence that this test is being overused in patients with no clinical indication requiring it.
National Correct Coding Initiative Policy-CCI Edits for Detailed Discussion: Visual Acuity Screening and E/M Services- Currently, CCI bundles visual acuity screening (99173), as part of the E/M service, preventive medicine services, general ophthalmological service, or visual function screening. According to our policy this service will now be considered bundled (and therefore not separately reimbursed) when reported with any of the evaluation and management services.
Neurology Policy Polysomnography and Sleep Studies-Unattended Sleep Studies-Unattended sleep studies may only be performed for patients that need testing for obstructive sleep apnea. Unattended sleep studies are not appropriate for the diagnosis of OSA in patients with significant comorbid medical conditions that may degrade the accuracy of unattended sleep study. Nerve Conduction Studies (NCS) and Electromyography (EMG) for Radiculopathy- According to the American Association of Neuromuscular & Electrodiagnostic Medicine and CMS Policy, nerve conduction studies [NCS] and a needle electromyography [EMG] must both be performed in order to diagnose radiculopathy (pinched nerve in back or neck). When the NCS or the needle EMG is used on its own, the results can be misleading and important diagnoses may be missed.
Obstetrics and Gynecology Policy Cervical Cancer Screening- According to the American College of Obstetricians and Gynecologists (ACOG) and the U.S. Preventive Services Task Force (USPSTF), cervical or vaginal screening is not recommended to be performed annually for women age 21 years of age or older as there is no advantage over performing screening at 3-year intervals for average risk women. Cervical Cancer Screening- According to the American College of Obstetricians and Gynecologists (ACOG) and the U.S. Preventive Services Task Force (USPSTF), cervical or vaginal screening is not recommended for female patients less than 21 years of age (regardless of sexual history), as cervical cancer is rare in young women and screening leads to unnecessary treatment which increases the risk of reproductive problems.

Once Per Lifetime Services Policy- Services Following a Medical Event-Hysterectomy- There are certain medical events that occur to a patient that affect the services that can subsequently be billed for the patient. Services that would be performed on or for anatomic structures that are no longer present cannot physically or technically be carried out. According to CMS Policy, services, such as these, which are not reasonable and necessary for the diagnosis or treatment of an illness or injury are not covered. Uterine Services-A uterine service medical event would be the removal of the entire uterus including the cervix. If a patient has undergone a total hysterectomy, certain uterine surgical and diagnostic services cannot be performed since the required anatomical structures for the procedure or service are no longer present.
Ophthalmology Policy- Scanning Computerized Ophthalmic Diagnostic Imaging [SCODI]- According to CMS policy, it would rarely be necessary to perform scanning computerized ophthalmic diagnostic imaging (SCODI) of the optic nerve more than once per year for patients whose primary ophthalmological condition is not related to glaucoma.
Physical Medicine Policy Therapeutic Services-Canalith Repositioning- According to CMS policy, canalith repositioning procedure is indicated for benign paroxysmal positional vertigo (BPPV) and should be reported with a diagnosis that reflects BPPV. Physical Medicine Policy-Iontopheresis-According to CMS policy, iontophoresis (introduction into the tissues, by means of an electric current, of the ions of a chosen medication) is only indicated for primary focal hyperhidrosis and should be reported with that diagnosis.

3. KY HEALTH Provider Education Webinars Reminder

Thank you for working with Aetna Better Health to provide care to our valued Kentucky Medicaid members. As we begin to prepare for the July 1, 2018 implementation of the Kentucky HEALTH 1115 waiver program (KY HEALTH) we are excited to share some information with you and your staff.

KY HEALTH is the Commonwealth's new health and well-being program for certain low-income adults and their families. The goal of the program is to offer each member the ability to customize a path based on the individual needs which will lead to better health, engagement in their communities, improved employability, and success through long-term independence.

Educating our provider network during this change is vital. For this reason, throughout the summer and fall, we will be hosting a series of virtual forums (webinars) that will provide you with an overview of the KY HEALTH program along with specific topics that will assist you when providing services to Aetna Better Health KY HEALTH members.

The following webinars will be offered:

1. **PROVIDER PORTAL OVERVIEW** – is fast, accurate, reliable and available 24 hours a day, seven days a week. It is a one-stop, self-service tool that allows for claim status check, including history receipt, processing and adjudication. Portal access will be essential as we move forward into KYHEALTH.
2. **KY HEALTH PROGRAM OVERVIEW –** is an end to end overview of the KY HEALTH program, changes and need to know information for providers.
3. **KY HEALTH, ELIGIBILITY OVERVIEW–** will walk providers through the eligibility process to determine which members are covered by KYHEALTH and what members remain on the traditional plans.
4. **KY HEALTH, MEDICALLY FRAIL OVERVIEW –** will cover what is 'Medically Frail'? What benefits will change for a member? How can we determine who qualifies as 'Medically Frail"?

These educational webinars will be available via WebEx, a secure software-based platform for video and audio conferencing. Please visit our website at **https://www.aetnabetterhealth.com/kentucky/providers/** for a full listing of dates and times, to register for the webinars that you wish to attend.