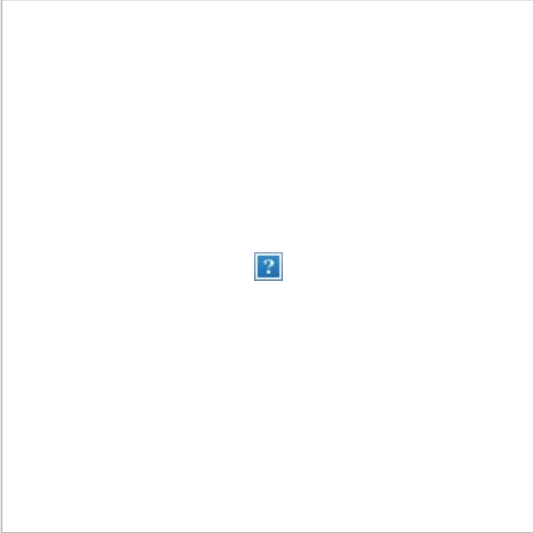


From: [Marrs, Michelle](#)
To: [Marrs, Michelle](#)
Subject: [EXTERNAL] The latest news for you
Date: Wednesday, December 21, 2022 11:56:21 AM

**** External Email - Use Caution ****



PROVIDER NEWSLETTER 4th Quarter 2022

INSIDE THIS ISSUE

- Updates and Reminders
- CAHPS
- 988
- Appeals and Grievances
- News and Partnership Opportunities
- EPSDT
- SKY - Supporting Kentucky's Youth
- Training Resources

It's ALL ABOUT YOU!!!!

ABHKY has updated and streamlined our communication platform. We want to provide you, in conjunction with your individual needs, the information you need, when you need it.

Please take a moment and click the following link to ensure the contact information for you and all in your organization is accurate in our system.

[CLICK HERE](#)

QUESTIONS???

Our Network Relations
help center is always available at

URGENT ADMISSIONS

Aetna Better Health of Kentucky would like to notify providers of the following change that will be **effective as January 1, 2023** regarding provider notification requirements for enrollee inpatient admissions.

- The requirement to provide notification of an enrollee's inpatient admission to a hospital, including observation and behavioral health inpatient and residential levels of care, has been changed from (1) calendar day to (1) business day.
- Notification of admission and requests for prior authorization may continue to be submitted by provider portal, fax, or telephone.
- Failure to submit notifications for urgent admissions within (1) business day may result in an authorization request denial and/or claim denial.

DME Drug Code Guidance

ABHKY, in keeping with guidance from DMS, will be removing all drug codes from the Durable Medical Equipment (DME) list. DMS is currently reconciling the medical injectable drug list and will be providing updates soon.

J codes are not appropriate for DME. J codes require appropriate J code/NDC combinations for billing purposes. DME products does not use NDC codes.

The following administrative regulation establishes the provisions relating to coverage and reimbursement requirements for durable medical equipment, medical supplies, prosthetics, and orthotics.

(8) "Durable medical equipment" or "DME" means medical equipment that:

1. Withstands repeated use;
2. Is primarily and customarily used to serve a medical purpose;
3. Is generally not useful to a person in the absence of an illness or injury; and
4. Is appropriate for use in the home.

14) "Medical supply" means an item that is:

1. Consumable;
2. Non-reusable;
3. Disposable; and
4. Primarily and customarily used to serve a medical purpose.

New Policy to apply Medically Unlikely Edits (MUE) Applied to Percentage (%) of Billed Contracts

Effective November 28, 2022, Aetna Medicaid will apply NCCI MUE reduction to Percentage (%) of Billed Contracts as a part of our claim edit process.

How will this impact me as a provider?

You may see additional denials for claims where the number of units exceed MUE limits for Medicare and Medicaid, and the denials will apply % billed contracts

Questions?

If you have questions, please reach out to your Provider Relations Manager.

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 November 28, 2022:

Obstetrics and Gynecology-Fetal Prenatal Genetic Testing-

According to our policy, which is based on American College of Obstetrics and Gynecology, nuchal ultrasound translucency testing, and non-invasive prenatal genetic laboratory testing are considered redundant when reported within a 3-month timeframe of each other. Additionally, only one of each of the types of testing (nuchal ultrasound and non-invasive genetic testing laboratory testing) is allowed when both types of testing are billed on the same date of service.

Smoking Cessation Counseling-

- According to our policy, smoking cessation counseling should be performed for patients with nicotine dependence, issues with nicotine toxicity or a personal history of nicotine dependence Smoking Cessation Counseling and Evaluation and Management Services:
- According to our policy, evaluation and management services are payable on the same day as smoking and tobacco-use cessation counseling services only when medically necessary, as indicated by the appropriate modifier.

Place of Service Policy - Implantation/Removal/Removal for Continuous Glucose Monitor Equipment (Eversense® CGM)-

Per our policy, for continuous glucose monitors that require implementation of the transmitter (Eversense® CGM) the implementation procedure must be performed in a physician's office.



CAHPS SURVEY

A component of HEDIS®

Member satisfaction survey – A Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey is also part of HEDIS®

The CAHPS survey include questions about access to care and care delivery over the last 6 months. Patients' experience with their provider is a main focus in the survey.

Following are a few examples of survey questions:

- When you needed care right away, how often did you get care as soon as you needed?
- How often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
- When you talked about starting or stopping a prescription medicine, did a doctor or other healthcare provider ask you what you thought was best for you?
- On a scale of 0-10 where 0 is worst and 10 is best, what number would you use to rate your personal doctor?

OPPORTUNITIES FOR FUTURE IMPROVEMENTS FOR PHYSICIANS (based on scores).

- Ease of Specialist Appointments
- Lack of effective communication
- Shared decision making

TIPS TO ENHANCE YOUR TIME WITH ABHKY MEMBERS

- Be an active listener
- Ask the member to repeat any instructions given in their own words
- Rephrase instructions in simpler terms if needed
- Clarify words that may have multiple meanings to members
- Limit use of medical jargon
- Be aware of situations where there may be cultural or language barriers

CAHPS Overview

What you need to know about CAHPS member-facing survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is an annual survey to support and promote the assessment of patients' experiences with health care providers and access to health care services.

The survey assesses patients' experience with their providers in coordinating and managing their care.

CAHPS: What it is and what it measures

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an AHRQ program

that began in 1995. Its purpose is to advance our scientific understanding of patient experience with health care. The acronym “CAHPS” is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

The CAHPS survey covers topics important to consumers and focuses on quality measures such as the communication skills of providers and ease of access to health care services.

From February through May, a random sample of Aetna Medicaid plan members receive the CAHPS survey.
Participation is voluntary.

Blackout period: From late February through June, health plans are prohibited from asking their members any CAHPS-related question that could influence official survey responses. Physicians, however, may discuss CAHPS quality topics with patients during this period.

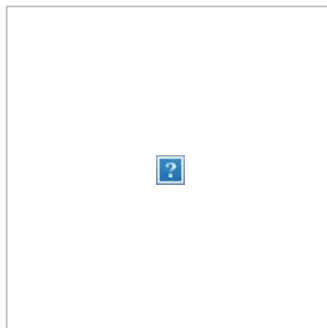
How CAHPS scores are incorporated into NCQA’s Medicaid Health Plan Ratings:

The Patient Experience HPR composite and its three sub-composites below are scored and reported as star ratings:

Patient Experience Measure

Health Plan Rating Sub-Composites	Individual Measures
Getting Care	<ul style="list-style-type: none">• Getting Needed Care• Getting Care Quickly (Percent Usually or Always)
Satisfaction with Plan Physicians	<ul style="list-style-type: none">• Rating of Personal Doctor• Rating of Specialist Seen Most Often• Rating of All Health Care (percent 9 or 10)• Coordination of Care (percent Usually or Always)
Satisfaction with Plan Services	<ul style="list-style-type: none">• Rating of Health Plan (percent 9 or 10)

For more information about the CAHPS survey, please contact your Aetna Medicaid representative or visit cahps.ahrq.gov





Use “988” for Mental Health Support

In support of providers delivering care that improves healthcare equity and fosters immediate access to critical behavioral health services, information on the nationwide 988 Suicide and Crisis Lifeline is being shared as a resource for immediate use.

On July 16th, 2022, dialing “988” replaced the National Suicide Prevention Lifeline (800-273-8255) to meet the demand nationwide for access to urgent and emergent mental health care. 988 elevates early intervention and suicide prevention to the same level which emergency medical services has in addressing life threatening illness or physical injury.

How 988 works

- Similar to the “National 911 Program” for emergency services.
- Calls are routed to a local crisis center based on the caller’s location.
- Special routing is available for both veterans and Spanish-speaking individuals.

What you need to know

- The 988 Suicide and Crisis Lifeline is available in three formats:
 - Dialing 988 on any phone; Text to 988 ; Chat 988lifeline.org
- If you have referred in the past to National Suicide Prevention Lifeline, or have it listed in resource directories, make sure to update it to “988” on July 16, 2022 or as soon as possible thereafter.
- The National Suicide Prevention Lifeline temporarily remains in effect after July 16 to ease the transition; all calls will be routed to 988.

- 988 aligns with CVS Health's ***commitment to make mental well-being*** services more accessible and less complicated.

988 is a major step toward a transformed crisis care system in America. Detailed information about the 988 Suicide and Crisis Lifeline can be found on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:

[988 Suicide and Crisis Lifeline | SAMHSA](#)

REMINDERS

APPEAL AND GRIEVANCE ADDRESS UPDATE REMINDER

Effective August 1, 2022, Provider Mail is no longer accepted when directed to:

**9900 Corporate Campus Drive, Suite 1000,
Louisville, KY 40223**

Resubmissions: If you are mailing hard copy claims or claim resubmissions, please direct those to:

**Aetna Better Health of Kentucky Claims and Resubmissions
PO Box 982969
El Paso, TX 79998-2969**

Claim Resubmissions should be clearly marked on the envelope and the first page of the request.

Appeals and Grievances

Whenever possible please submit your appeal, complaint or grievance electronically. It is preferred that you submit through the Availity provider portal using the direct application for Appeals, Complaints and Grievances:

[Log In to Availity](#)

or you may submit by fax to: **855-454-5585**

Please include all documentation you would like reviewed for the appeal, including member name, ID#, claim number, date of service, amount billed, etc.

Member appeals- pre service- can also be faxed to 855-454-5585 or email to:
KYAppealandGrievance@aetna.com

**Aetna Better Health of Kentucky
PO Box 81139
5801 Postal Road
Cleveland, OH 44181**

Provider appeals- post service- can also be faxed to 855-454-5585 or email to:
KYAppealandGrievance@aetna.com

Aetna Better Health of Kentucky

**PO Box 81040
5801 Postal Road
Cleveland, OH 44181**

External Review appeal requests- can also be faxed to 844-359-6670 or email to AetnaExternalReview@aetna.com

**Aetna Better Health of Kentucky
PO Box 81040
5801 Postal Road
Cleveland, OH 44181**

If you are submitting appeals for multiple claims in one mailing you must use physical barriers (elastic, paper clip, binder clip, sheet of blank colored paper etc) for each claim in the submission to maintain the original received date.

Please remember to include all documentation you would like reviewed with your appeal request.

PRIOR AUTHORIZATION CONTACT INFORMATION

Medical

Phone: 1-888-725-4969

Fax: 1-855-454-5579

Behavioral Health

Phone: 1-855-300-5528

Fax: 1-888-604-6106

*If you have a **retrospective review request** where the services have already been rendered, Please send these your request to:*

Kentucky Medical Retrospective review @ 855-336-6054

Sign Up Now for AP³

Aetna Provider Partnership Program

The purpose of the AP³ workgroups is to provide a forum for provider groups and their office staff to highlight areas of administrative burdens when working with ABH.

There will be four external workgroups comprised of provider representatives and one internal workgroup comprised of health plan staff. Each individual council should provide advice, guidance, recommendations, and technical assistance to the Provider Experience staff.

The internal workgroup will review and assess the ABH KY policies, practices and potential innovations.

Each individual council will consist of a minimum of three and a maximum of thirteen members and should reflect the geographical distribution of the ABH KY network and a diversified representation of providers. Terms will last through four quarters beginning on the first core meeting date.

- **Practice Management Advisory Council (PMAC) - PCP and Specialists**
- **Ancillary Provider Management Advisory Council (APMAC) - Ancillary**
- **Behavioral Health Management Advisory Council (BHMAC) – Behavioral Health**
- **Supporting Kentucky Youth Advisory Council (SKYMAC) – All Provider Types**

To request to join please email : KYAP3@aetna.com

Working together we can increase efficiency and reduce administrative burdens for you and your staff.

REMINDER - Well Visit / Sports Physical Billing

Did you know that a **Wellness Visit** and a **Sports Physical** can be performed on the **same day**?

When billing for a Sports Physical, use CPT code **99212** with diagnosis code **Z02.5**

If billing for **both** a Wellness Visit and a Sports Physical, **modifier 25** will need to be added to CPT **99212**.

The **diagnosis pointer** for 99212 will need to indicate diagnosis code **Z02.5**



Our **Member Services Department**, located in Kentucky, is available Monday–Friday, 7 AM to 7 PM ET at:

1-855-300-5528

Please have your National Provider Identifier (NPI), Aetna Better Health Provider ID number, or tax ID available for HIPAA verification purposes.

WHAT IS EPSDT

EPSDT – EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated Medicaid program for children. In the Commonwealth of Kentucky, it is divided into two components: EPSDT Screenings (discussed below) and EPSDT Special Services.

The EPSDT Screening Program provides routine physicals and well-child checkups for Medicaid eligible children at certain specified ages. It is considered preventive care. Children are checked for medical problems early. Specific tests and treatments are recommended as children grow older. The areas of health care that are checked include: preventive check-ups, growth and development assessments, vision, hearing, dental, immunizations, and laboratory tests. These evaluations should be documented in the child's medical record.

Components of a full medical screen include interval history, nutritional assessment, unclothed physical exam, anticipatory guidance, lab/immunizations (lead screening & testing), development personal-social and language, fine motor/gross motor, hearing, vision, and dental.

EPSDT Billing/Reporting

EPSDT screening services must be reported with the age-appropriate evaluation and preventative medicine CPT Codes (99381-99385 and 99391-99395) along with the EP modifier. An appropriate procedure code must be submitted on the CMS 1500 form. Please contact your Network Relations Manager to determine if there are any exceptions for EPSDT special services.

The primary diagnosis should be submitted as the first diagnosis in field 21 of the CMS claim form. Additionally, this same primary diagnosis must be reflected on the appropriate line-item diagnosis item (field 24 E).

The appropriate services associated with the EPSDT screening must be rendered and the codes for these services included in the claim with an EP modifier accompanying **each code**. EPSDT claims must be billed on a CMS 1500 form. Please refer to the billing instructions at www.chfs.ky.gov.

Aetna Better Health will provide coverage for an office visit performed at the same time as the EPSDT screening if the child was seen for a reason other than the EPSDT screening (i.e., sick child visit). Additionally, Aetna Better Health will provide coverage for an EPSDT screening performed during a prenatal visit for member 20 and under.

Modifier – EP (EPSDT Services)

Modifier EP is available for use with evaluation/ management codes when the member is under age 21 on the date of service. Using the EP modifier is required for EPSDT services provided to a member.

Modifier SL must be used when billing Vaccines for Children (CFC) immunizations. Refer to Section 2, I., for more information on billing VFC services. Modifier 26 is no longer used.

Care Management and support

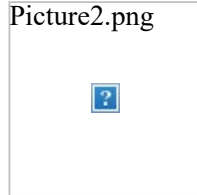
Aetna Better Health reminds members of the importance of EPSDT and sends reminders when screenings are due. Aetna Better Health also provides care management services including case management programs, disease management programs and social work assistance for our members

with special needs, complex medical conditions or chronic medical conditions. For more information about the EPSDT Program please refer to the 2016 Provider Manual located on the Aetna Better Health website at www.aetnabetterhealth.com/Kentucky.

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

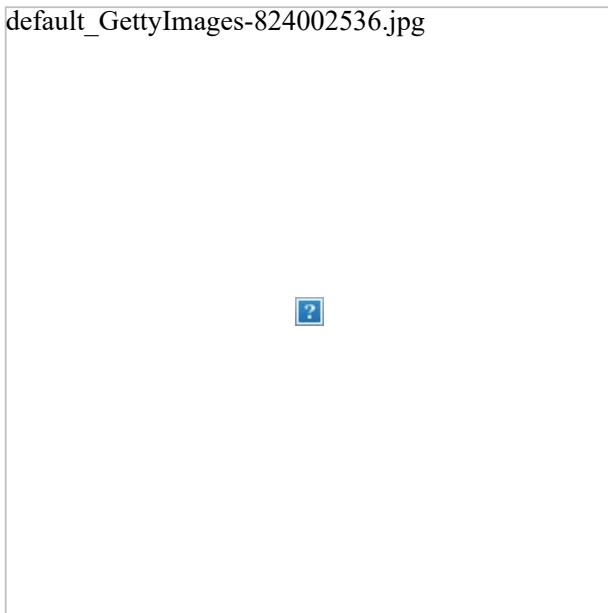
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SKYLITES

SKY Psychotropic Polypharmacy Initiative

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Faces of Psychotropic Polypharmacy

- Medicaid-insured youth are **3 x more likely** to be prescribed antipsychotic medications as compared to those commercially insured.

DEFINITIONS

High-level psychotropic polypharmacy

- The concurrent use of at least four classes of psychotropic medications for at least 30 days during the calendar year.

Psychotropic polypharmacy

- The concurrent use of at least 2 classes of psychotropic medications.

GOALS

- Reduce number of members who meet criteria for high-level psychotropic polypharmacy
- Reduce overprescribing of psychotropics medications when non-medical clinical interventions are appropriate.
- Increase appropriate metabolic monitoring for those prescribed certain medications.

- Youth in foster care are prescribed antipsychotic medications **at twice the rate** of other Medicaid-insured youth.
- Youth in out-of-home settings typically experience **higher levels** of psychotropic medication use than their peers living at home, even when controlling for the severity of clinical issues.
- **273** = # of SKY Members under the age of 18 who met criteria for high level psychotropic polypharmacy in December 2021
- **939** = # of SKY Members under the age of 18 who met criteria for high level, lower level or rising risk psychotropic polypharmacy in December 2021



Increase education and outreach on polypharmacy, medication management, informed consent, and prescribing practices to the following audiences:

- Prescriber/provider
- DCBS / DJJ staff
- Paid Caregivers
- Children and family
- Foster parents
- Transition Age Youth

What is the Out of Home Care Provider Network's Role in Efforts to Reduce Psychotropic Polypharmacy?

Practice

- Developmentally-informed biopsychosocial approach, trauma-informed care principles, and system of care principles

Collaborate

- With SKY CM and Clinical Pharmacists in Care Coordination Efforts

Educate

- Prescribers, therapists and foster families on informed consent, deprescribing, treatment alternatives. (See Resources Slide for UL Deprescribing Tools)

Alert

- SKY CM and/or Prescriber to raise concerns related to polypharmacy.

Advocate

- For increased availability of evidence-based psychosocial interventions by qualified staff

RESOURCES

- American Academy of Child and Adolescent Psychiatry (AACAP). Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems.
- https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/AACAP_Psychotropic_Medication_Recommendations_2015_FINAL.pdf

- Center for Health Care Strategies, Inc. (n.d) Improving the Appropriate Use of Psychotropic Medications for Children in Foster Care: A Resource Center.
<https://www.chcs.org/resource/improving-appropriate-use-psychotropic-medication-children-foster-care-resource-center/>
- Child Welfare Information Gateway. (n.d) Understanding Psychotropic Medications.
<https://www.childwelfare.gov/topics/systemwide/bhw/medications/>
- Children's Bureau et al. (2012). Making healthy choices: A guide on psychotropic medications for youth in foster care.
<https://www.childwelfare.gov/pubPDFs/makinghealthychoices.pdf>
- Children's Bureau et al. (2015). Supporting youth in foster care in making healthy choices: A guide for caregivers and caseworkers on trauma, treatment, and psychotropic medications.
<https://www.childwelfare.gov/pubs/mhc-caregivers>.
- Substance Abuse and Mental Health Services Administration: Guidance on Strategies to Promote Best Practice in Antipsychotic Prescribing for Children and Adolescents.
https://store.samhsa.gov/sites/default/files/d7/priv/pep19-antipsychotic-bp_508.pdf
- University of Louisville Department of Pediatrics. Deprescribing Information for Parents and Caregivers.
<https://louisville.edu/medicine/departments/pediatrics/research/cahrds/safemed/deprescribing-information-for-parents-caregivers>
- University of Louisville Department of Pediatrics: Deprescribing Information for Teens.
<https://louisville.edu/medicine/departments/pediatrics/research/cahrds/safemed/deprescribing-information-for-teens>

This is how we "ROLE" Trainings to support our Providers

SKY white.png



The Aetna® provider network is designed to support the complex needs of SKY members beyond traditional facilities, clinics and providers.

It also includes community advocates, peer support, specialty pharmacies and family/caregivers. Our network of hospitals and specialists, including both physical and behavioral health providers, serves as the foundation to meet the needs of SKY members.

We offer **special trainings** to providers serving SKY members. We'll help you understand how to serve our members receiving adoption assistance or Involved with the Department of Juvenile Justice. These training are also available upon request to any network provider.

Please reach out to Michelle Marrs, marrsm@aetna.com for additional SKY information or to schedule trainings for your individual group or practice.

For additional information on SKY, please visit:

<https://www.aetnabetterhealth.com/kentucky/supporting-kentucky-youth.html>

Welcome to SKY for Providers -

- This training includes a high level overview of the SKY program and how provider collaboration is key to making systematic change in the foster care system.

2nd Thursday each month 11am to 12pm EST

New Provider Orientation, includes SKY -

- This training is for all new providers. It will include an overview of billing, claims processing, prior authorizations and more. It also includes the Sky overview piece.

3rd Thursday each month 10:30am to 12pm EST

Virtual Office Hours -

- Virtual Office hours were created to share information on from multiple sides of our house. More in depth claims processing, etc., as well and state required SKY trainings on more specific topics such as Supporting Transition Age Youth.

Trainings on the last Thursday each month 11am to 12pm ET



Visit our News and Events page for registrations and links to Join.

[News and Events](#)

January 18, 2023

Neonatal Abstinence Syndrome and Substance Exposed Infants

Time: 9:00 AM - 9:45 AM

This presentation provides an overview of Neonatal Abstinence Syndrome (NAS) and Substance Exposed Infants (SEI). Topics discussed include symptoms, treatment, prevention efforts, reporting and resources. The presentation emphasizes a holistic, whole person-whole family, approach to care and treatment

How to join this event:

Visit this [link](#) at the time of the event.

If you have questions, you can reach out to Melissa Dean at mgdean@aetna.com.

January 25, 2023

Supporting Transition Age Youth

Time: 9:00 AM - 9:45 AM

This presentation describes the unique issues facing youth transitioning into adulthood and some key areas of focus for training and educational outreach opportunities to promote better, positive outcomes.

How to join this event:

Visit this [link](#) at the time of the event.

If you have questions, you can reach out to Melissa Dean at mgdean@aetna.com.

January 25, 2023

Caring for a Child with Reactive Attachment Disorder (For Credit)

Time: 11:00 AM - 12:00 PM

Caring for a Child with Reactive Attachment Disorder (RAD) provides an overview of RAD, including differing types, treatments, support for caregivers, including discussions to have with your doctor and what to expect.

To join this event:

Visit this [link](#) at the time of the event.

If you have questions, you can reach out to Melissa Dean at mgdean@aetna.com.

February 7, 2023

Caring for a Child with ADHD (For Credit)

Time: 9:00 AM - 10:00 AM

This presentation gives a general overview of ADHD types and symptoms throughout several developmental stages. A trauma informed approach and co-existing conditions are also discussed. The journey to diagnosis is presented while highlighting various behavior scales frequently used. Finally, treatment options are presented including behavior therapies/parent training, referrals to specialists, floor time and medications. The addendum includes a variety of teaching sheets and resource links for participants' further research.

To join this event:

Visit this [link](#) at the time of the event.

If you have questions, you can reach out to Melissa Dean at mgdean@aetna.com.

February 7, 2023

Basic Information on Over-The-Counter and Prescription Medications (For Credit)

Time: 11:00 AM - 12:00 PM

This presentation covers the basics of medications such as the difference between OTC and Prescription medications, the information on a prescription, questions to ask the doctor, side effects, and overuse/abuse. Knowledge checks and parenting tips are included to further engage thought and discussion around the safe use and administration of medications.

To join this event:

Visit this [link](#) at the time of the event.

If you have questions, you can reach out to Melissa Dean at mgdean@aetna.com.

February 14, 2023

Parenting a Child with Food Allergies (For Credit)

Time: 11:00 AM - 12:00 PM

Parenting a Child with Food Allergies is designed to provide evidence-based, practical information for those caring for children with serious food allergies.

To join this event:

Visit this [link](#) at the time of the event.

If you have questions, you can reach out to Melissa Dean at mgdean@aetna.com.

We've Moved to Microsoft Teams

Please take note that our previous trainings in WebEx will now be executed using Microsoft Teams. For additional information using this platform, please visit:

[Getting Started With Microsoft Teams](#)


SKY Birthday.png




“All young people, regardless of what they look like, which religion they follow, who they love, or the gender they identify with, deserve the chance to dream and grow in a loving, permanent home.”

— President Obama, National Foster Care Month 2015 Presidential Proclamation

Learn More About SKY


CONNECT WITH US
AND JOIN THE CONVERSATION



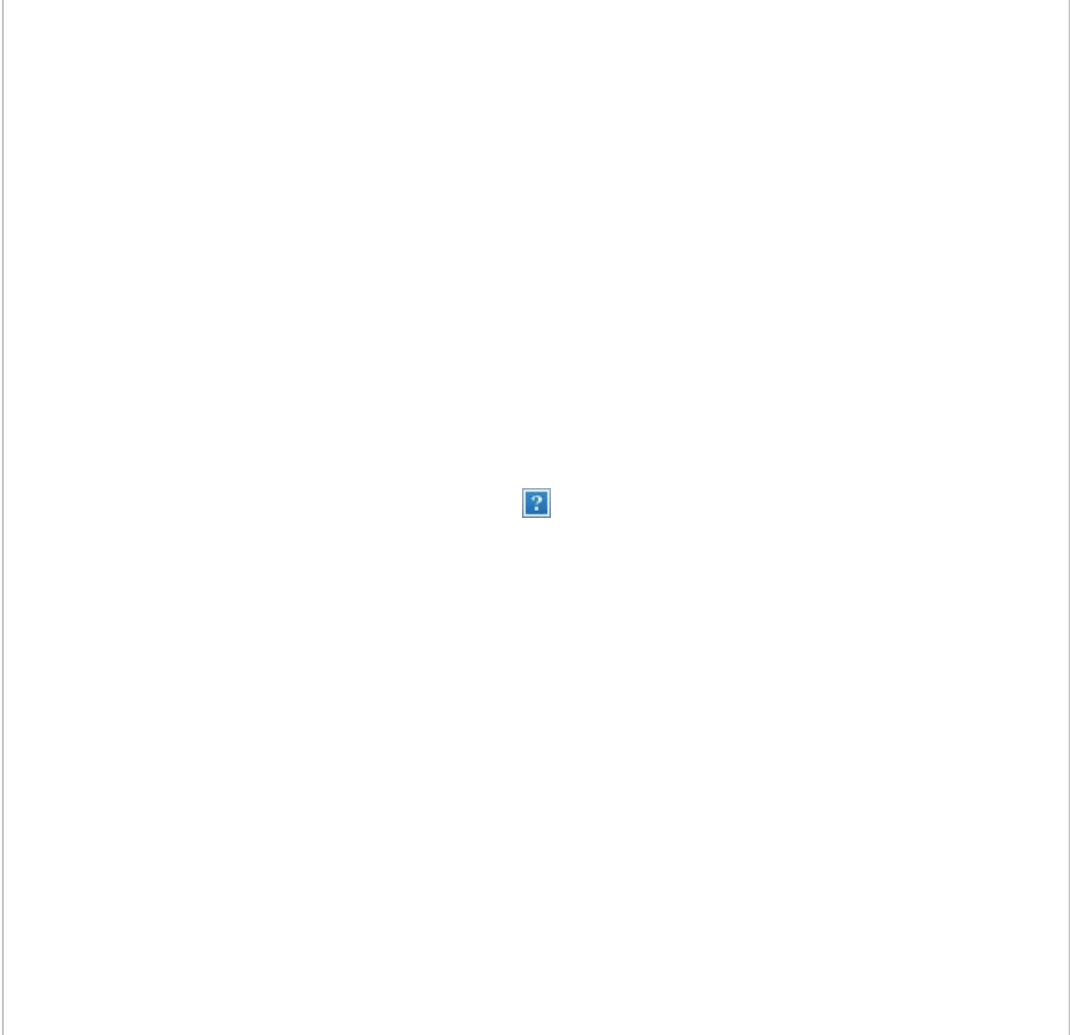
Don't Forget

Send any Provider Directory Updates to kyproviderupdates@aetna.com

- NEW OFFICE ADDRESS
- NEW OFFICE PHONE NUMBER
- CHANGES IN PANEL INFORMATION

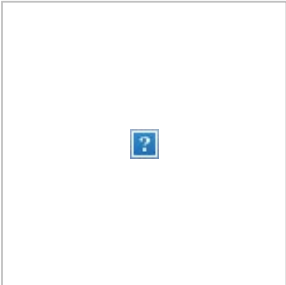
We rely on your communication of changes to keep our directory updated.

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[Update Profile](#) | [Constant Contact Data Notice](#)

Sent by marrsm@aetna.com in collaboration with



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