



Aetna Better Health® of Kentucky

PROVIDER NEWSLETTER

1st Quarter 2022



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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 1-855-300-5528 (TTY: 711).

We've moved to AVAILITY

We have transitioned from our previous provider portal to Availity.

We are excited about the increase in online interactions available to support you as you provide services to our members.

Some highlights of increased functionality include: • EFT registration • Claims look up • Online claim submission • Prior authorization submission and look up • Grievance and appeals submission • Panel searches • Review of G & A cases.

REGISTER TODAY AT:

<https://www.aetnabetterhealth.com/kentucky/providers/portal.html>



REMINDERS

Balance Billing/Hold Harmless

Providers shall accept payment in full for covered services rendered to members and such amounts as are paid by Aetna Better Health.

Providers **cannot charge or bill members** for administrative or program fees associated with a covered service. In no event (including non-payment by Aetna Better Health for covered services rendered to members by provider for whatever reason, including claim submission delays and/or UM sanctions, insolvency of

Holistic Member Care

Integrated care is a model that addresses your patient's medical, behavioral, and social needs in an integrated fashion. We recognize that full integration is not always possible, but you have the opportunity to improve coordination of care across disciplines by collaborating with members and outreaching their behavioral health provider and/or their primary care provider

Aetna Better Health, or breach by Aetna Better Health of any term or condition of the agreement under which provider participates) shall provider bill, charge, or collect a deposition from, seek compensation, remuneration or reimbursement from, or have any course against any member or a person (other than Aetna Better Health) acting on a member's behalf for covered services eligible for payment, nor shall provider bill a member or a person (other than Aetna Better Health of Kentucky) acting on a member's behalf for the difference between the covered charge and the negotiated rate or the amount provider has agreed to accept as full payment under the agreement for any amounts Aetna Better Health may owe provider or for any monies in excess of applicable co-payments, deductibles or coinsurance, except as otherwise noted below. Provider shall in no event seek payment from any member for any service for which Aetna Better Health has denied payment on the grounds that provider has failed to comply with the requirements with respect of such service, including, but not limited to, the failure of Provider to obtain required preauthorization. Regardless of any understanding worked out between the provider and the member about private payment, once the provider bills the health plan for the service that has been provided, the prior arrangement with the member becomes null and void.

Any Provider who knowingly and willfully bills a Member for a Medicaid Covered Service shall be guilty of a felony and upon conviction shall be fined, imprisoned, or both, as defined in Section 1128B(d)(1) 42 U.S.C. 1320a-7b of the Social Security Act. This provision shall remain in effect even if the Contractor becomes insolvent. Provider shall collect from the member and may retain only co-payments and deductibles.

In the event a Member agrees in advance in writing to pay for a NON-Medicaid service, then the provider can bill the member. A standard, detailed, easy to understand, release form must be signed by the Member at the time of service and must specifically state the services or procedures that are not covered by Medicaid.

(PCP). According to the National Institute of Mental Health, people with serious mental illness (SMI) die 14 to 32 years earlier than the general population. The Patient Protection and Affordable Care Act outlines a specific model of integrated care, which provides a holistic patient centered approach and is believed to improve patient health. You can improve your patient's health outcomes by working closely together to address their mental health disorders in conjunction with their other physical conditions.

If you are a behavioral health provider ask your patient to sign an authorization to exchange information with their PCP.

Lets improve members health and wellbeing by collaborating across disciplines today.



Sign Up Now for AP³ Aetna Provider Partnership Program

Purpose 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 twenty-five members and should reflect the geographical distribution of the ABH KY network and a diversified representation of providers.

To Join please reach out to Michelle Marrs at: marrsm@aetna.com

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

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.

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 ABH KY 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



WHAT IS EPSDT

The **Early and Periodic, Screening, Diagnostic and Treatment (EPSDT)** program is Medicaid's federally mandated comprehensive and preventive health program for individuals younger than 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program.

The intent of the EPSDT program is to focus on early prevention and treatment. Requirements include periodic screening, vision, dental and hearing services.

Services include:

- Preventive screening
- Diagnosis and treatment
- Transportation and scheduling assistance
- Follow-up care with specialists
- Immunizations



Screening must include:

- Comprehensive health history
- Comprehensive un-clothed physical exam
- Mental developmental history
- Physical developmental history
- Health education, including anticipatory guidance
- Appropriate immunizations
- Lead toxicity screening
- Laboratory tests
- Dental services
- Hearing services
- Vision services

SKYLITES

SKY Psychotropic Polypharmacy Initiative



Faces of Psychotropic Polypharmacy

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



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.

* 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



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 EST



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

[News and Events](#)



As we celebrate our **SKY Program's 1st Birthday**, we are grateful for your partnership.

Together, we have supported our members and families on their path toward better health.

Our collective efforts to improve the system of care for the youth of Kentucky are making a difference and we look forward to continued collaboration and success in 2022!



**Learn More About
SKY**

Numbers matter, but the children behind these numbers are the priority.

- **50,909** Pediatric Wellness Plans Created
- **37,392** Foster Care Placement Assessments Completed
- **17,894** Interdisciplinary Care Team Meetings Completed
- **12,220** Successful Contacts by Behavioral Health Team to Support Members in an Acute IPMH or PRTF
- **7,439** Health Risk Assessments Completed
- **6,077** Individuals Trained or Engaged with SKY Training, Education, System of Care and Outreach Teams
- **3,401** Contacts Completed by Family Peer Support Specialists
- **187** Training and Education Sessions Offered
- **55** Community Forums, Focus Groups, and Member Councils Hosted
- **126** Individualized Psychotropic Polypharmacy Member Case Rounds and Consults Completed
- **50%** Fewer Members who Meet Criteria for Psychotropic Polypharmacy.
- **67%** of Members who were Placed Out of State and have Returned to In-State Facility, Relative, Foster, or Adoptive Family
- **50%** of Members Referred to Out of State Facilities and Were Diverted to In-State Placements.

We've Got Your Back

Aetna Better Health of Kentucky: Tornado Recovery Support

In response to the devastating tornadoes which took place in KY at the end of 2021, Aetna Better Health of Kentucky acted quickly to ensure staff and enrollees living in impacted areas were safe and provided with resources. After gathering donations, team members traveled to each of the impacted regions to deliver supplies—such as food, hygiene items, paper towels, water, and diapers. The care management teams from Aetna Better Health of KY and SKY completed telephonic outreach to members in the impacted areas—assisting with providing resources and ensuring medications and treatments were not disrupted. As the disaster was close to the Christmas holiday, toys and gifts were collected to guarantee the holiday could be celebrated amidst a challenging time.



CONNECT WITH US
AND JOIN THE CONVERSATION

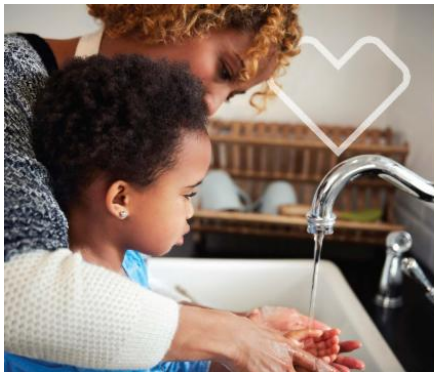


Don't Forget

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.



Medicaid just got better.

AetnaMedicaidKY.com



Aetna Better Health[®] of Kentucky

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