

# AETNA BETTER HEALTH® OF KENTUCKY

## PROVIDER NEWSLETTER

VOLUME I, ISSUE 1 • APRIL 2016

### Special Points of Interest:

- *ICD-10*
- *Behavioral Health*
- *Mobile App for members*
- *Prevention & Wellness*

### POSITIVE OUTCOMES

At Aetna we want to improve the health care experience our members have with Aetna Better Health of Kentucky. We share the following story (the names are changed to protect member and staff privacy) as an example of great collaboration between us and our members.

Joan was referred to Care Management by Member Services for help with management of her diabetes. Jessica, RN, was assigned as Joan's care manager. Jessica worked with Joan, assessing her overall understanding of diabetes and her provider's treatment plan.

As Jessica and Joan worked together, Joan was able to better understand the importance of routine blood monitoring, regular provider visits, taking her medicine and a healthy diet. Joan was given local resources for diabetes education at her local health department.

During a follow up telephone conversation with Jessica, Joan told Jessica that she had changed her diet. She was eating healthier foods lower in sugar and fat. Joan said that since the change in her diet, she had noticed a decrease in her blood sugar level but instead of feeling better, she was actually feeling worse. She was weak, tired and really lacked the motivation to do anything.

Jessica told Joan that the changes to her diet, along with her diabetes medication, could quite possibly be making her blood sugar drop too low. This might explain why she was feeling bad. Jessica encouraged Joan to schedule a visit with her provider as soon as possible. It was very important that Joan tell her provider about her diet change and the weakness and fatigue.



Joan called Jessica after she saw her provider. The lab work was done in the provider's office. The results showed an extremely low blood sugar level. As a result, Joan's provider made some adjustment to her medication and was able to completely stop one of them. Since that time, Joan's energy level has improved. It was during this conversation, that Joan thanked Jessica for "saving her life" by encouraging her to contact her provider as soon as possible.

The true success of this story is that Jessica helped Joan better understand her medical conditions. Joan now has a better understanding of her diagnosis. She is also able to recognize abnormal signs and symptoms. Best of all, Joan is empowered to make lifestyle changes that have the ability to impact her health.

*"Joan is empowered to make lifestyle changes that have the ability to impact her health."*

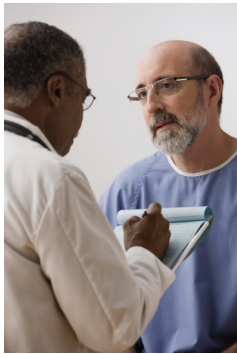
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## AETNA MEMBER INCENTIVE PROGRAMS

Aetna Better Health is offering a member incentive program to encourage consistent health outcome improvements for our members. Two programs have been added for 2016.

### AETNA BETTER WAY TO HEALTH INCENTIVE PROGRAM



Members can earn gift cards after they complete the following checkups:

- \$10 gift card for completing a Lead Screening test for children prior to their 2 birthday
- \$10 gift card for completing a diabetic retinal eye exam for adults 18 – 75 years old
- \$10 gift card for completing spirometry testing for members 42 years or older with COPD

- \$20 gift card for completing a follow-up visit with a mental health practitioner within 7 days of discharge after a hospitalization for mental illness (6 years of age or older)

Proper coding on claims will be evaluated prior to the member receiving a gift card. Please ensure the coding is related as identified in the HEDIS® measure. You may contact Aetna Better Health of Kentucky for proper billable codes.

### PROMISE REWARDS PROGRAM



Members can earn a Promise Rewards special gift after their baby is born. They will earn a free diaper bag which includes common baby items and a \$10 gift card if they complete their post-partum visit within 21 to 56 days after their baby is born. The obstetrical provider should complete the Promise Rewards form, available on our website, and return it to us.

## OUR PROVIDER PORTAL

Aetna Better Health of Kentucky is dedicated to providing great service to our providers and our members.

That’s why our HIPAA-compliant web portal is available 24 hours a day. The portal supports the functions and access to information related to:

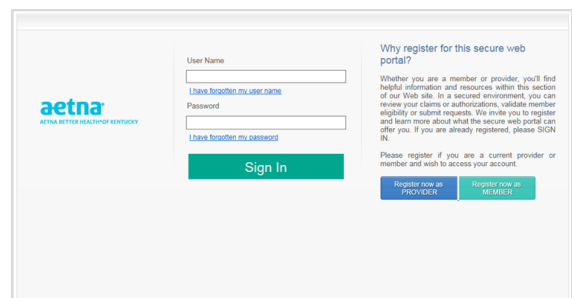
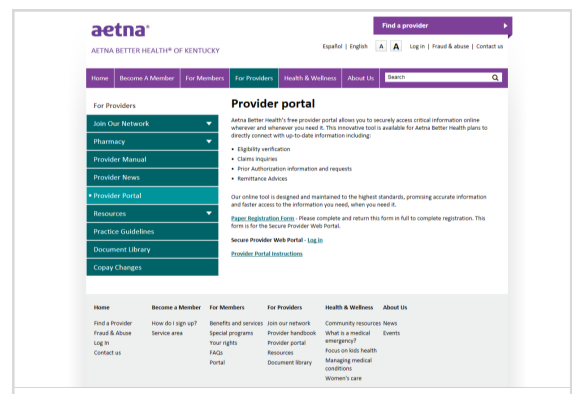
- Prior authorization submission and status
- Claim payment status
- Remittance advices
- Member eligibility status
- eReferrals to other registered providers
- Member and provider education and outreach materials

To use this secure online tool, you must submit a signed registration

form. To access our registration form, simply visit our website at [www.aetnabetterhealth.com/Kentucky](http://www.aetnabetterhealth.com/Kentucky), click on “For Providers” and then “Portal”. From there you can access the registration form, portal instructions and the portal link.

Once you submit your registration you will receive two emails, the first will confirm your registration and the second will give you the activation link for the portal and your provider ID number.

Provider groups must first register a principal user, known as the “provider-admin.” Once registered the provider-admin can add authorized users within each entity or practice.





## BEHAVIORAL HEALTH AND SUBSTANCE ABUSE

Behavioral health and substance abuse services are covered services for Aetna Better Health members. Providers, members or other responsible parties can call **1-888-604-6106** to verify behavioral health and substance abuse benefits and to schedule an appointment. Our members have access to integrated case managers who are available to help members with routine and high complexity health care services. We provide a comprehensive

range of behavioral health care services for our members.

These services include:

- Outpatient routine office visits for therapy and medication management
- A broad range of hospital based services for both behavioral health and substance dependence disorders
- Home-based therapy services
- Access to many

helpful community based resources

Our team will assist members and providers with referrals and with making appointments for therapy and/or psychiatry services. Simply call **1-888-604-6106** to speak with someone today regarding behavioral health and substance abuse services.



## EPSDT - EARLY PERIODIC SCREENING DIAGNOSIS

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 check-ups 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 and reporting

Providers must submit Preventative Medicine CPT Codes (99381-99395) according to Commonwealth of Kentucky Provider Billing Instructions. 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 (field 24 E). In most instances, the primary diagnosis will be V20.2. Please refer to the billing instructions at [www.chfs.ky.gov](http://www.chfs.ky.gov). NOTE: EPSDT claims must be billed on a CMS 1500 form. The Commonwealth of Kentucky does not accept EPSDT claims billed on a UB-04.

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 members 20 and under.

### 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](http://www.aetnabetterhealth.com/Kentucky).

## NCQA HEALTH PLAN ACCREDITATION

*\*NCQA is a private, non-profit organization dedicated to improving health care quality.*

Earlier this year, Aetna and Coventry came together as one company. We are proud to announce that CoventryCares of Kentucky is now officially Aetna Better Health of Kentucky. Together, we are combining our strengths to best serve you and meet your health care needs.

Aetna Better Health received full health plan accreditation by NCQA\* in August 2014 for our Medicaid line of business for service and clinical quality that meet the basic requirements of NCQA's rigorous standards for consumer protection and quality improvement.

NCQA Health Plan Accreditation is a nationally recognized evaluation that purchasers, regulators and consumers can use to assess health plans. NCQA Health Plan Accreditation:

- Evaluates how well a health plan manages all parts of its delivery system -- physicians, hospitals, other providers and administrative services -- in order to continuously improve the quality of care and services provided to its members.
- Evaluates the quality of health care that health plans provide to their members.

- Is a voluntary review process.
- Surveys include rigorous on-site and off-site evaluations of over 60 standards and selected HEDIS® measures. A team of physicians and health plan experts conducts accreditation surveys. A national oversight committee of physicians analyzes the team's findings and assigns an accreditation level based on the performance of each plan being evaluated to NCQA's standards.
- Uses information from health plan records, consumer surveys, interviews with plan staff and performance on selected HEDIS® measures.

At Aetna Better Health of Kentucky, we believe that our members should have the opportunity to be leaders in their care. For those who choose it, we use a model of care management that empowers our members to determine their health goals. We then work with them to achieve their goals. This benefit comes at no cost to the member, and it pays off in increased quality of care and quality of life.



And to further ensure our commitment to our members, we invite the members to provide feedback for improving Aetna Better Health of Kentucky. We do this by asking members to participate in surveys and focus groups, serve on our Member Advisory Committee, or contact us. By engaging our members and providers, we can work toward making the Aetna Better Health of Kentucky experience even better.

We believe in delivering the best care through a collaborative approach. We start by recognizing that our providers' knowledge and expertise is essential for improving the effectiveness and efficiency of our programs and services.

At Aetna Better Health of Kentucky the Quality Improvement program encompasses all aspects of clinical care and services for all members and providers. We believe in improving every life we touch as good stewards to those we serve.

## DID YOU KNOW WE OFFER A MOBILE APP FOR MEMBERS?



Aetna Better Health now offers a mobile application for our members. They can get on-demand access to the tools needed to stay healthy.

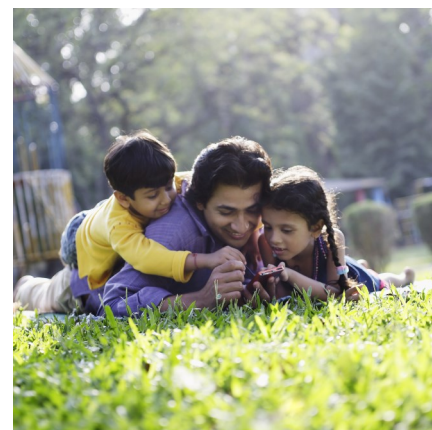
It's easy. Members can download the app to their mobile device.

### Features

- Find a provider
- Request Member ID card
- Change PCP
- View claims and prescriptions
- Message Member Services for questions or support
- Update phone number, address and other important member details

### Download app

To get the mobile app, members can download it from **Apple's App Store** or **Google's Play Store**. It's free to download. The app is titled "Aetna Better Health" and is available on certain devices and operating systems (OS).





## CONNECTING MEMBERS TO HEALTH CARE IS IMPORTANT TO US

Aetna Better Health is working with SafeLink Wireless to offer members this special federal program, and more. SafeLink provides:

- A new SafeLink Mobile Phone
- 500 minutes for the first 4 months, after 4 months the program returns to the original plan of 350 minutes
- Unlimited text messages and health reminders from Aetna Better Health of Kentucky
- Unlimited calls to Aetna Better Health member services

To enroll, members can:

- Apply online, visit [safelink.com](http://safelink.com)
- Apply over the phone **1-877-631-2550**

If the member already owns a SafeLink phone, they can add the minutes, texts and Member Services calls shown above at no cost. Members can simply call **1-877-631-2550** to enroll.



## PROJECT ICD-10 CODING PERSISTENCY

**What** is outpatient ICD-10-CM (diagnosis) coding persistency?

- Persistency in coding refers to the ongoing identification of members with chronic medical or behavioral health conditions on a CMS-1500 form through the use of coding from one year to the next. The “persistence rate” is the percentage of members coded with the chronic condition in year 1, who are also coded for the chronic condition in year 2.

**Who** does persistency of correct outpatient ICD-10-CM coding affect and how?

- **Provider**
  - Accurate diagnosis in the chart accomplishes quality and continuity of care goals.
  - Improved quality of care standards.
  - Improved risk stratification of patients – higher risk scores for members with more comorbidities.
  - Avoids office interruptions for clarification of claims information.
  - Improves office administrative efficiencies by decreasing unnecessary payer requests for additional information during the prior authorization or clarification of claims information.

### **Patient**

- Better and earlier identification of patients with chronic conditions allow us to employ quality targeted interventions and education with the patient.
- Funding from the State and Federal governments is dependent upon documented morbidity of the population. Persistency in risk scores from year to year potentially results in more dollars being available to purchase services for Medicaid patients.

**Why** is it important to code the care that is documented?

- Specificity in diagnosis documentation results in accurate ICD-10-CM coding.
- Documentation that supports the diagnosis has always been important from a quality of care perspective.
- Accurate ICD-10-CM coding achieves accuracy in the diagnosis portion of the claim.

### **ICD-10-CM Coding Facts**

- Diagnosis codes submitted on claim forms establish the necessity for services performed.
- The codes submitted on the claims are used by outside agencies and organizations to forecast health care trends and needs.

- The provider of services is the only person who has authority to formulate and determine a diagnosis. Non-clinical staff should not choose a diagnosis for a patient, but may accurately convert a narrative description to a diagnosis code, ideally after they've been trained on the proper use of the ICD-10-CM Manual.
- Proper outpatient diagnosis coding requires using the ICD-10-CM Volumes I and II to choose appropriate codes.

**Where** are ICD-10-CM codes entered on the CMS-1500 form?

- Paper Claim – Box 21
- Electronic Claim – Loop 2300, Segment HI01-2; HI02-2; HI03-2; HI04-2

**When** will Aetna Better Health outreach providers to identify gaps in diagnosis coding persistency from year to year?

- Collaborative outreach from Providers Relations, Medical Management & Quality Management to provider offices will occur on a regular basis to discuss best practices for specific chronic conditions, i.e., chronic renal failure, asthma, GERD and certain behavioral health and substance abuse diagnoses, and gain input and feedback from providers on needed education, resources, and/or potential challenges to coding persistency.



IMPORTANT TELEPHONE NUMBERS	
Member Services Department	1-855-300-5528
Prior Authorization Department	1-888-725-4969
Provider Relations Department	1-855-454-0061
State Eligibility Verification	1-855-824-5615
Behavior Health 24/7 Service Line	1-888-604-6106
24-Hour Nurse Line	1-855-620-3924

## SECURE MEMBER PORTAL – ENGAGING MEMBERS TO HELP THEM GET AND STAY HEALTHY

Aetna Better Health of Kentucky members can now sign up for their own secure member portal accounts. We’ve customized the member portal to better meet their needs. Members will have access to:

### Health and Wellness Appraisal –

This tool will allow members to self-report and track their healthy behaviors and overall physical and behavioral health. The results will provide a summary of the members overall risk and protective factors and allow the comparison of current results to previous results, if applicable. The health assessment can be completed annually and will be accessible in electronic and print formats.

### Educational resources and programs –

Members are able to access self-management tools for specific topics such as smoking cessation and weight management.

**Claim status –** Members and their providers can follow a claim from the beginning to the end, including: current stage in the process, amount approved, amount paid, member cost (if applicable) and the date paid.

**Pharmacy benefit services –** Members can find out if they have any financial responsibility for a drug, learn how to request an exception for a non-covered

drug, request a refill for mail-order medications and find an in-network pharmacy by zip code. They can also figure out drug interactions, side effects and risk for medications and get the generic substitute for a drug.

### Personalized health plan services information –

Members can now request a member ID card, change PCPs and update their address through the web portal (address update is a feature available for members and providers). Members can also obtain referral and information on authorization requirements. And they can find benefit and financial responsibility information for a specific service.

### Innovative services information –

Members will be asked to complete a personal health record and complete an enrollment screening to see if they qualify for any disease management or wellness programs.

### Health information Line –

The Informed Health Line is available 24 hours a day, 7 days a week. Members can call or send a secure message to a registered nurse who can provide medical information and advice. Messages

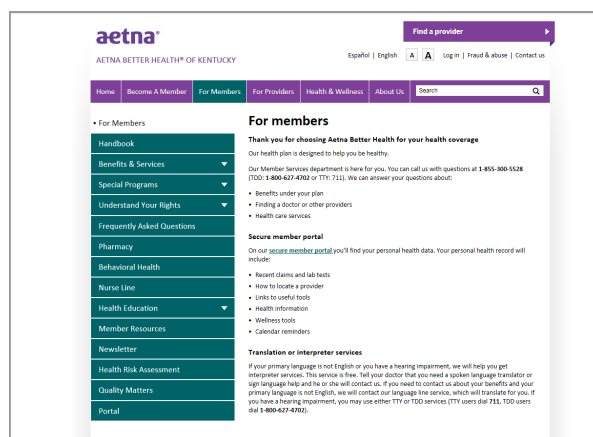
are responded to within 24 hours.

### Wellness and prevention information –

We encourage healthy living. Our member outreach will continue to include reminders for needed care and missed services, sharing information about evidence-based care guidelines, diagnostic and treatment options, community-based resources and automated outreach efforts with references to web-based self-management tools.

### You can help your patients sign up today

We encourage you to promote the use of the member portal during interactions with your patients. Members can sign up online at [www.aetnabetterhealth.com/Kentucky](http://www.aetnabetterhealth.com/Kentucky). Members can also call Member Services at **1-855-300-5528**.



## HOW DO I CONTACT MY PROVIDER RELATIONS REPRESENTATIVE?

REGION	NAME	TELEPHONE	EMAIL
Region 1	Regina Gullo	502-612-9958	rlgullo@aetna.com
Region 2	Phillip Kemper	502-719-8604	pxkemper@aetna.com
Region 3	Phillip Kemper	502-719-8604	pxkemper@aetna.com
Region 3	Beth Day	502-719-8618	DayB@aetna.com
Region 4	Brad Jones	270-349-0103	axwilson4@aetna.com
Region 5	Tanura Moss	859-381-7404	MossT2@aetna.com
Region 5	Sherry Farris	513-218-7725	sxfarris@aetna.com
Region 6	JoAnn Marston	859-669-6217	jxrose@aetna.com
Region 7	Holly Smith	815-641-7411	SmithHS@aetna.com
Region 8	Jacqulyne Pack	606-331-1075	jmpack@aetna.com
Region 8	Lori Kelley	859-302-6334	KelleyL2@aetna.com
<b>Behavioral Health</b>			
All Regions	Jay Mingus	502-264-3484	jtmingus@aetna.com

## CHANGE HEALTHCARE MAILING

Aetna Better Health<sup>®</sup> of Kentucky wants to help our members apply for the benefits they need. We are working with a company named Change Healthcare to help those who may qualify for Supplemental Security Income (SSI). If you received this mailing and answer yes to any of the following questions, please call today for your FREE assessment:

If you, or your children have a disabling condition that requires ongoing care; if you have been diagnosed with a permanent injury or illness that keeps you from working

or; if your child has an impairment, illness, or injury that causes them to miss school or has resulted in a developmental delay.

If you answered **YES** to any of the above questions **AND** you, or your children are currently a member of Aetna Better Health<sup>®</sup> of Kentucky, please call **1-888-739-2094 (TTY 1-888-987-2325)** right away. If you qualify, Change Healthcare will help you apply for assistance. This is a FREE service. You will not have to fill out any forms. Change Healthcare will help you through the whole process.



**AETNA BETTER HEALTH<sup>®</sup> KENTUCKY**  
You and your child(ren) may be eligible for extra benefits



Aetna Better Health of Kentucky and Change Healthcare want to help you find extra benefits. You and your child(ren) may be eligible for Supplemental Security Income (SSI). And, if you're eligible, Change Healthcare can help you apply.

If you answer **YES** to any questions below, call Change Healthcare at 1-888-739-2094 or TTY 1-888-987-2325.

<small><b>Children</b> Does your child use a wheelchair or a walker? Has your child been in Special Education for more than one year? Does your child have problems talking? Does your child have problems hearing? Does your child have trouble understanding words?</small>	<small><b>Adults</b> Do you have a severe medical problem that has kept you from working for more than one year? Did your doctor diagnose you with a severe medical condition and you can no longer work? Are you currently receiving SSI? Did you apply for SSI because of your health?</small>
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If you answer **YES** to any questions above, call Change Healthcare at 1-888-739-2094 or TTY 1-888-987-2325, Monday – Friday, 9 a.m. – 6 p.m. eastern time. Change Healthcare may be able to help you get extra benefits. Call if you have any questions about this service.

## AETNA CULTURE OF HEALTH AND HEALTHY LIFESTYLE

In July of 2015 Aetna Better Health of Kentucky implemented the Prevention & Wellness Program. We hired a Prevention & Wellness Coordinator, whose main direction is to educate and inform members, practitioners, and providers about practices and services that promote good health. Our hope with this program is to encourage members to use available health promotions, health education, and preventive care services. Prevention & Wellness activities include:

- Perform outreach activities that provide information and educate members about activities, services, programs and community-based resources available through Aetna Better Health of Kentucky’s (e.g., reminders, member notifications and communications).
- Implement programs to address the special health care needs and diversity of Aetna’s Better Health’s population, such as initiatives to provide education to members with low literacy, visual or hearing impairment and/or language barriers.
- Distribute preventative health materials and diagnostic treatment options to promote member’s effective use of services, prevent disease or decrease the severity of diseases.



*“...educate and inform members...about practices and services that promote good health.”*

## “TO ERR IS HUMAN” - MEMBER SAFETY



Americans die annually due to medical errors. It presented recommendations that call for action to reduce these errors at a number of different levels. Specifically, it suggested that health care organizations and accrediting bodies do the following:

- Require health care organizations to implement meaningful member safety programs
- Focus greater attention on performance measures and standards for both health care organizations and health care professionals on member safety

In November 1999, the Institute of Medicine’s (IOM) Committee on Quality Health Care in America released a comprehensive report regarding medical errors in the health care system, “To Err is Human: Building a Safer Health System.” The report cited startling statistics including that 44,000

Aetna Better Health has responded to these developments by including an emphasis on member safety in the Quality Improvement program and developing

policies and procedures to meet the requirements of the final rules that implement Section 2702 of the Member Protection and Affordable Care Act (72 Federal Register 32816 (2011)). A number of activities are in place to monitor aspects of member safety. The National Quality Forum’s recommended adverse event list has been combined with the CMS list of hospital-acquired conditions and other events identified by Aetna Better Health to be used for quality of care adverse event monitoring and reporting. Providers’ credentials are verified in accordance with NCQA standards plus monitoring of disciplinary action against providers occurs on an ongoing basis.

### Aetna Better Health® of Kentucky

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