

## AETNA BETTER HEALTH® OF KENTUCKY

Please note our newly formatted fax blast – A copy of this communication is available on our website:  
[www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky), go to Provider News

### PROVIDER NEWSFLASH – FRIDAY, NOVEMBER 18, 2016 – PAGE 1 OF 2

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**To:** All Network Providers

**Fax:** <<location fax>>

- In the News:**
1. Hospitals must use bill type 131 for outpatient surgery
  2. Holiday check runs
  3. New policy to review submitted costs for medications and implants on high dollar inpatient hospital claims
  4. Hospital based providers required to bill attending provider
  5. Flu shot reminder
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**1. Hospitals must use bill type 131 for outpatient surgery**

Please be advised that bill type 831 is not an acceptable bill type for outpatient surgery billing in place of service 22. You must bill with bill type 131.

If you bill with bill type 831, it will be denied and you will be asked to resubmit a corrected bill.

**2. ATTENTION: Holiday check runs**

During the week of November 21<sup>st</sup> (Thanksgiving week), Aetna Better Health of Kentucky will be processing a check run on Wednesday 11/23/2016. The paid date on this check will be Tuesday November 29<sup>th</sup>, 2016. There will be no check run on Friday November 25<sup>th</sup>, 2016.

During the week of December 21, 2016 (Christmas week), Aetna Better Health of Kentucky will be processing a **final 2016 check run** on Friday December 23, 2016 which will have a paid date of Tuesday December 27, 2016. There will be no check run on Wednesday December 28, 2016 as Aetna Better Health will be processing 1099's.

Aetna Better Health will be processing a check run on December 30, 2016 which will have a paid date of January 3, 2017. We will be resuming our normal Wednesday and Friday check runs this week as well.

**3. New policy to review submitted costs for medications and implants on high dollar inpatient hospital claims**

**Effective December 1, 2016**, Aetna Better Health of Kentucky will implement a policy to review submitted costs for medications and implants on hospital claims. The plan will utilize common sources reflecting marketing costs for these items. An upper limit on reimbursement will set. Requests for exceptions to the upper limit will be reviewed with submission of supporting documentation justifying the facility costs (acquisition, storage, administration) associated with the item.

**4. Hospital based providers required to bill attending provider**

REMINDER to hospital based providers that coming shortly will be the requirement to bill the attending provider on the hospital claim form. This means that you will need to ensure that you have a Medicaid Provider ID number. Please see the MAP 811 process below for becoming a Medicaid provider and remember that this process can take up to 90 days to complete.

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### Map-811 Checklist

**NOTICE:** Pursuant to 907 KAR 1:672 Section 2 1(c) (1), you must be enrolled as a participating provider prior to being eligible to receive reimbursement. **Enrollment in the program is not a guarantee; therefore, providing services to Kentucky Medicaid members prior to your effective date is at your own financial risk.**

A complete list of enrollment requirements for each provider type can be found on our website at the following link: <http://www.chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>

### Did you:

- Complete *all* questions? Questions not applicable should be completed with “N/A”. **(Applications will be rejected for any questions left blank.)**
- Sign and date signature page (page 12) **Electronic or stamped signatures are not accepted.**
- Attach appropriate licenses and/or certifications and all other required documents for requested effective date as well as current?
- Attach verification documentation for NPI and Taxonomy Code(s) from CMS NPI vendor or NPPES.
- Attach a MAP-347 if individual wants to be linked to group KY Medicaid provider number.
- Attach a copy of your Social Security card if you are enrolling as an individual. Attach your IRS verification letter if you are applying with a FEIN.
- If you are subject to an application fee, please attach a check payable to the KY State Treasurer. For more information on the application fee, please refer to your Provider Type Summary at <http://www.chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>.
- Keep a copy of the application for your records.

Not completing these reminders will delay the processing of your application. Please ensure that all reminders above are completed. Other information not mentioned above may be requested during the processing of your application.

### 5. Flu Shot reminder

We would like to provide the following reminder to you to give to our members or post in your office. You can download a copy from our website, simply go to [www.aetnabetterhealth.com/Kentucky/library](http://www.aetnabetterhealth.com/Kentucky/library) and click on “Flu Shot Reminder 2016”.



The flyer features the Aetna logo at the top right and the text 'AETNA BETTER HEALTH OF KENTUCKY' on a green background. Below this is a photograph of a doctor in a white coat and stethoscope examining a patient's arm. The main heading reads 'Who needs a flu shot? You do.' followed by 'We cover flu shots for our members. Get yours today.' The text explains that every adult and child six months of age and older needs a flu shot every year, and that the flu virus is always changing. It lists conditions for which a pneumococcal shot is also needed, such as being over 65 or having chronic conditions like asthma, diabetes, or lung disease. It provides contact information for questions: 1-855-300-5528, TTY 711/TDD 1-800-627-4702, and the website www.aetnabetterhealth.com/kentucky. The flyer also includes a small reference code 'AEMC00074 FK4.2' and 'KY-16-10-02' at the bottom right.