Aetna Better Health® of Kentucky
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aetna®

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, go to Provider News

To: All Community Mental Health Centers (CMHCs) **Fax:** <<location fax>>

In the News: 1. NPI and Taxonomy/Validation of Claims Submissions

RE: CMHC Weekly Progress Update
NPI and Taxonomy/Validation of Claims Submissions

Aetna Better Health of Kentucky representatives from the Provider Relations and Claims Operations teams are meeting with representatives from each CMHC to gather any further detail needed to correct contract set-ups and resolve outstanding claims issues.

Moving forward, a Fax Blast will be distributed weekly to all CMHC's reporting our progress.

Aetna better health has identified the following issues that COULD affect your payments from Aetna better health. Aetna better health is meeting with each CMHC separately to determine what changes need to be made specific to your facility:

- Determine if the 2014, 2015 and 2016 KY Medicaid fee schedule for BH has been established in the ABH of KY claims processing platform. Submit the appropriate system update forms for all needed updates.
- Confirm all rosters are loaded correctly. Update rosters if needed.
- Request the entire outstanding A/R detail from the provider; review upon receipt.
- Re-adjudicate claims beginning with DOS 07/01/14 upon confirming the providers are loaded correctly (rosters and fee schedules) in the ABH of KY claims processing platform.

The Health Plan has reviewed the current system configuration and has verified our system matches the current DMS fee schedule for CMHC's as of 06/01/16.

Taxonomy/NPI/Validation of Claims Submissions

The Commonwealth of Kentucky requires all providers billing Medicaid to register NPI/Taxonomy information and have an active Medicaid ID for claims payment. To ensure adherence to this requirement, Aetna Better Health of Kentucky requires providers submit claims with the required information as outlined below. This information is validated against the Commonwealth's provider file as part of claims adjudication. If information is not billed or values don't match the DMS Provider File, Aetna Better Health of Kentucky will deny the claims.

The following provider fields will be validated for both billing and rendering providers (if applicable by provider type):

- NPI
- NPI Effective and Termination Date
- Taxonomy
- Taxonomy Effective and Termination Date
- Provider Medicaid ID
- Provider Medicaid ID Effective and Termination Date

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Validation criteria (Professional Claims/CMS 1500 Form Type):
Billing NPI and Taxonomy are required on all claims – if this information is not provided, the claim will be denied.

- o Paper Claims:
    - Billing Provider NPI submitted in box 33A
    - Billing provider taxonomy submitted in box 33B
    - Rendering NPI and Taxonomy may be required – if this information is not provided, the claim will be denied.
    - Rendering NPI in box 24J (top of field)
    - Rendering provider taxonomy submitted in box 24J (bottom of field)
    - Rendering information is not required on all provider types (example: DME)

IMPORTANT: If rendering provider is not required, but is billed, the claim will be subject to validation and may deny through the validation process

Validation criteria (Facility Claims/UB 1450 Form Type):
Billing NPI and Taxonomy are required on all claims – if this information is not provided, the claim will be denied.

- Billing Provider NPI submitted in field 56, top row
- Billing provider taxonomy submitted in field 81

    Tips: Taxonomy codes require a ZZ qualifier on professional claims and a B3 qualifier on facility claims. Do not enter a space, hyphen, or other separator between the qualifier and number.

    Note: Atypical provider types as defined by DMS are excluded from the above billing requirements.

- Claims that contain all required data will be validated against the state provider file to ensure NPI, Taxonomy and Medicaid ID is valid and effective on the date of service.
- If a match cannot be made, the claim will be denied.

    Please make sure you have verified that your clearinghouse has set up their transmittals of your claims to Aetna Better Health Payor ID 128KY to include the submission of taxonomy.

Providers may update or validate their NPI, taxonomy(ies) and Medicaid IDs on file with DMS by contacting the Provider Enrollment Division:

> **Telephone: 1-877-838-5085** Monday-Friday 8 a.m.-4:30 p.m. ET
> **Email:** Program.Integrity@ky.gov
> **Provider Maintenance Forms: http://www.chfs.ky.gov/dms/provEnr/Forms.htm**

It is also important for providers to keep their provider information current with Aetna Better Health of Kentucky. If you have questions about, or updates to, the provider information on file with Aetna Better Health of Kentucky, please contact Customer Service at **1-855-300-5528** Monday-Friday 7 a.m.–7 p.m. ET.