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Agenda

Aetna Overview

Website

Member Eligibility

Provider Manual

Rights & Responsibilities

Practice Guidelines

Member ID Card

Availity

Covered Services

Claims Submission

Bonus Benefits

Corrected Claims

Cultural Competency

Remittance Advice

SKY

Grievance & Appeals

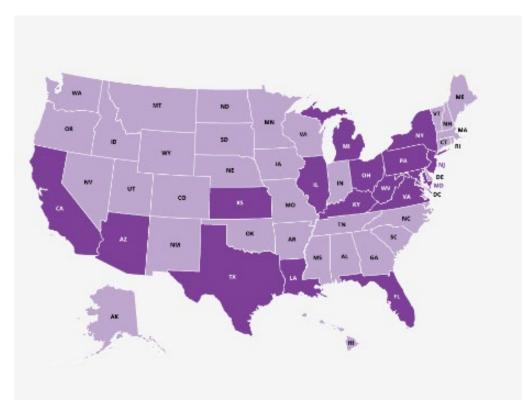
Special Programs

Quality

Prior Authorization

Fraud, Waste and Abuse





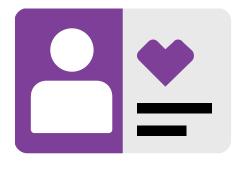


2023 Aetna Medicaid Overview

- Aetna Better Health is proud to be part of the CVS Health® family. Together, we share a vision to be a trusted health partner in the local communities we serve. We go beyond offering a traditional medical approach by providing a full array of services that enhance overall wellness and improve everyday life. Because our goal is to build a better health experience that's responsive to the needs of our members.
- We invite you to explore all Aetna Better
 Health has to offer and see how our national
 experience comes to life at the local level
- At Aetna Better Health, we believe in improving every life we touch as good stewards to those we serve.
 - We provide services for over 214,000 members here in Kentucky. Serving all 8 regions.



Member Information



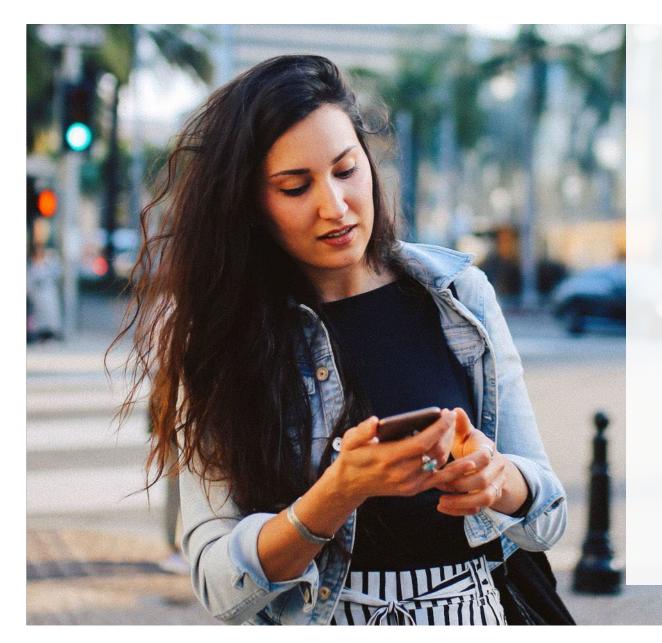
Eligibility

- Eligibility for Kentucky's Medicaid program is determined by the Department for Community Based Services (DCBS) in the county in which the member resides.
- The Department for Medicaid Services (DMS) provides eligibility information to ABHKY daily.
- Eligibility begins on the first day of each calendar month when the member joins.
- For more information on Medicaid assistance, refer to the Kentucky Department for Medicaid Services at http://chfs.ky.gov/dms/.

Rights and Responsibilities

- To be provided with information about the plan and its services, including Covered Services.
- To participate in decision making regarding their own health care, including the right to refuse treatment.
- Give their health care provider all the information they need.
- Ask for more information if they do not understand their care or health condition.
- Have the availability of language designated materials, hearingimpaired interpreter and sign language services.





Member ID Card

Each eligible family member receives their own Aetna Better Health of Kentucky member ID card. The member ID card tells you the provider who is the ABHKY member. Providers should ask to see cards at each visit.

	r Health® of Kentucky	♥ aetna	
Name			
Date of Birth		Sex	
Member ID/Stat	te M edicaid ID#		
PCP			
PCP Phone	Effec	Effective Date	
• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	************	
RxBIN: 023880	RxPCN: KYPROD1 RxGRP: KYM	101 Medimpac	
Aetna Be tte r Hea	ilth.com/Kentucky		
THIS CARD IS NOT A GU	ARANTEE OF ELIGIBILITY, ENROLLMENT OR PAY	MENT. MEKYMED	

In case of an emergency go to the nearest emergency room or call 911.

IMPORTANT NUMBERS FOR MEMBERS
Member Services

1.855-300.5528 (TTY users 711)

Behavioral Health
24 Hour Nurse Line

1.885.620-3924

IMPORTANT NUMBERS FOR PROVIDERS
Eighility
Aufthorization
PHARMACY SUPPORT FROM MEDIMPACT
24/17 Provider Assistance
24/17 Member Assistance
1.800-210-7628

Prior Authorization Assistance
1.844-336-2676

Submit daims to
PO Box 982969, El Paso, TX 79998-2969
Payer ID 128KY

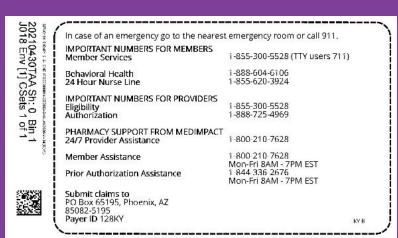


Member ID Cards





20210430TE4 Sh: 0 Bin 1 J014 Env [1] CSets 1 of 1 In case of an emergency go to the nearest emergency room or call 911. IMPORTANT NUMBERS FOR MEMBERS 1-855-300-5528 (TTY users 711) Member Services 1-888-604-6106 Behavioral Health 1 855 620 3924 24 Hour Nurse Line IMPORTANT NUMBERS FOR PROVIDERS 1-855-300-5528 Eligibility Authorization 1-888-725-4969 PHARMACY SUPPORT FROM MEDIMPACT 1-800-210-7628 24/7 Provider Assistance 1-800-210-7628 Member Assistance Mon-Fri 8AM - 7PM EST 1-844-336-2676 Prior Authorization Assistance Mon-Fri 8AM - 7PM EST Submit claims to PO Box 65195, Phoenix, AZ 85082-5195 Payer ID 128KY KYMED IB







For Members

For Clients



Finally, pharmacy benefits that benefit

We are informing and empowering millions of Americans healthier lives. Let's get started.

SIGN IN

All Kentucky Medicaid Managed Care Organizations (MCO), including Aetna Better Health of Kentucky partnered with one Pharmacy Benefit Manager (PBM), MedImpact, for pharmacy claims processing and pharmacy prior authorizations (PA).



MedImpact



Over-the-counter

All outpatient drugs, including over-the-counter (OTC) drugs, will be covered under a single KY formulary and Preferred Drug List (PDL) managed by MedImpact. This does not include Physician Administered Drugs, which will continue to be managed by the MCOs, under their medical benefit.

Prior Authorization

If a member is on a drug that currently does not require a PA but will require a PA on July 1, 2021, the member will be granted 90 days to transition to a preferred alternative or request a PA. Please visit Kentucky.magellanmedicaid.com for a list of preferred drugs covered under the KY PDL.

All prior authorizations will be managed by MedImpact.

Please call 1-844-336-2676 or fax all pharmacy PA requests to 1-858-357-2612 beginning July 1, 2021. You may also submit your request online through Cover My Meds, Surescripts, or CenterX ePA portals.

For all medically billed drug (Jcode) PA requests, please continue to send those directly to the member's plan for review.



Covered Services

Benefit

Laboratory, Diagnostic and Radiology Services

Laboratory, Diagnostic, and Radiology Services (outpatient)

Pediatric Services

Autism Spectrum Disorders
Early Periodic Screening, Diagnosis and Treatment
(EPSDT) Special Services
Commission for Children with Special Health Care Needs
Specialized Children's Services Clinics
Targeted Case Management: Severe emotional disability (SED)

First Steps

Mental Health and Substance Use Disorder Services

Targeted Case Management Inpatient Mental Health/Substance Use Services Outpatient Mental Health/Substance Use Services Psychiatric residential treatment facilities (PRTFs)

Preventative Services and Chronic Disease Management

Smoking/Tobacco Cessation Allergy Services Wellness services (immunizations and other preventive health services such as annual check-ups, pap smears, blood pressure screenings, etc.)

Other

Non-Emergency Transportation Family Planning Hospice Second Opinion Telehealth Renal Dialysis/Hemodialysis (outpatient)

Inpatient Medical Hospitalization

Acute Inpatient Hospital Services Inpatient Physician/Surgeon Services Transplant

Emergency Services

Emergency Room (ER)
Emergency Ambulance (ground or air)

Physician Office Services

Ambulatory Patient Services

Outpatient Hospital/Ambulatory surgical Center Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC) and Primary Care Center (PCC) Dental Services (adults) Vision Services (adults) Vision Services (children) Urgent Care Radiation Therapy Chemotherapy Family Planning Podiatry

Maternity and Newborn Care

Prenatal and Postnatal Care Maternity Services

Prescription Drugs

Rehabilitative and Habilitative Services and Devices

Skilled Nursing and Rehabilitation Chiropractic Services Durable Medical Equipment Hearing Aids/Audiometric Services Orthotic/Prosthetic Devices Physical/Occupational/Speech Therapy Private Duty Nursing



^{*} Please refer to the Member Handbook, located on the website for a full list and details.

Accessibility

Provider type	Appointment type	Availability
РСР	Routine Care	Within 30 Days
	Urgent Care	Within 48 Hours
	Non-Urgent	Within 72 Hours
	Return After-Hours Calls	Within 30 Minutes
	Emergency Care	Same Day
	After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week
Pediatrics	Urgent Care	Within 48 Hours
	Sick Care	Within 30 Days
	Return After-Hours Calls	Within 30 Minutes
	Emergency Care	Same Day
	After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week
Specialist	Routine Care	Within 30 Days
	Urgent Care	Within 48 Hours
	Return After-Hours Calls	Within 30 Minutes
	Emergency Care	Same Day
	After-Hours Care (answering service;	24 hours a day; 7 days a
	on-call MDs)	week
Oncology	Next Available Appointment	Within 30 Days
	Urgent Care	Within 48 Hours
	Return After-Hours Calls	Within 30 Minutes
	Emergency Care	Same Day
	After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week
OBGYN	Routine or Next Available Appointment	Within 30 Days
	Urgent Care	Within 48 Hours
	Initial Prenatal Visit for Pregnant Women in First Trimester	Within 14 Days
	Initial Prenatal Visit for Pregnant Women in Second Trimester	Within 7 Days
	Initial Prenatal Visit for Pregnant Women in third Trimester	Within 3 Days
	Initial Prenatal Visit for pregnant women with High-Risk Pregnancies	Within 3 Days
	After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week
Behavioral Health	Urgent Care	Within 48 Hours
	Non-Life-Threatening Psychiatric	Within 6
	Emergency	Hours
	Inpatient Follow-Up	Within 7 Days
	Initial Routine Care	Within 10 Business Days



Accessibility

Missed Appointments/Follow-up Visits

Providers should contact members regarding missed appointments. The following guidelines should beused to track compliance and assist members with keeping scheduled appointments:

- Contact phone numbers should be requested and confirmed with the member at each appointment.
- If the member fails to keep his/her scheduled appointment, the provider office staff should document the occurrence in the member's medical record.
- The office staff may contact Aetna Better Health Member Services Department at 1-855-300-5528 for assistance when members cannot be reached by telephone to verify appointments.
- Providers should encourage member compliance to minimize no-shows. Provider offices may provide a return appointment card for each member and are encouraged to make a reminder call one (1) day before a scheduled appointment.
- Providers may not bill or collect fees from members for missed appointments.
- Providers may request that Aetna Better Health Member Services Department call members to educate about chronic missed appointments.

Twenty-Four (24) Hour Access to Care

Providers are required to ensure access to care is provided 24 hours a day, 7 days a week. Providers are required to arrange and maintain after-hours on-call coverage with participating providers. This involvement ensures the overall quality and continuity of care for the member.

Covering providers

Providers may use a back-up provider for on-call coverage in order to provide services 24 hours aday, 7 days a week. The coordination of on-call coverage is the sole responsibility of the arranging provider. Providers should use other Aetna Better Health participating providers for back-up coverage arrangements and ensure they are knowledgeable or have access to and will comply with Aetna Better Health policies and requirements. The provider remains ultimately responsible for the member's care.

Phone line transfer

The provider's phone line is transferred directly to provider's designated after-hours number (i.e., mobile number or answering service). Aetna Better Health's participating providers are expected to respond to after-hours calls within 30 minutes of call received.



Bonus Benefits



Children's Over-the-Counter Benefit



Monitor Your Blood Pressure at Home



24-hour Informed Health Line



Meal delivery for qualified members



CVS Weight Management Program



Maternity Matters Program



Digital Diabetes Solution



"Keeping Kids Safe" Opioid Lockbox Program



Aetna Better Choices Programs



Support services to assist with transportation, housing, food and education



Second chance support services such as job fairs and employment opportunities



Aetna Better Health Mobile App





Cultural Competency

What is it?

Our way to improve patient health and build healthy communities by assisting providers with recognizing and addressing the unique culture, language and health literacy of diverse patients and communities.

Members are to receive covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information or medical history, ability to pay or ability to speak English.

Aetna Better Health of Kentucky expects providers to treat all members with dignity and respect as required by federal law including honoring members' beliefs, being sensitive to cultural diversity, and fostering respect for members' cultural backgrounds.



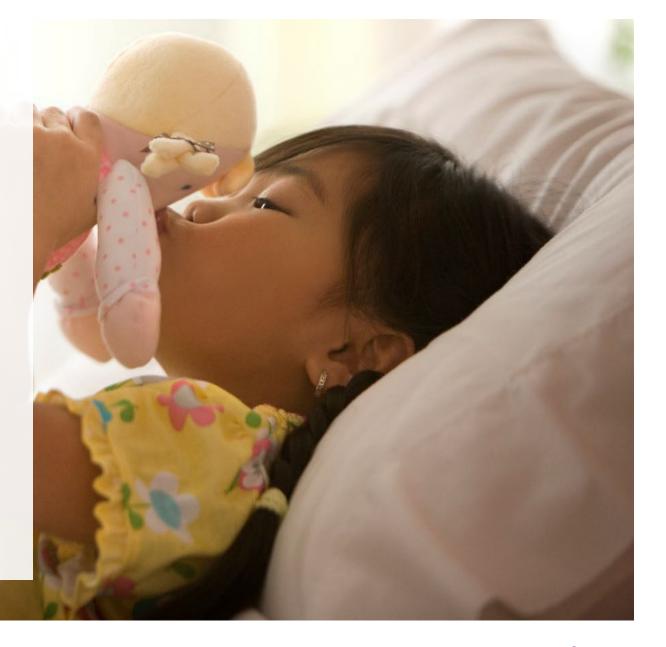
Culturally Competent Providers

Patient satisfaction and positive health outcomes are linked to good communication between members and providers. Each segment of our population requires special sensitivities and strategies to embrace cultural differences. Culturally competent providers:

Effectively communicate with patients

Understand their individual concerns

Ensure patients understand their care plans



Patient-centered care is respectful and responsive to the individual patient's preferences, needs and values, and it ensures that these values guide all clinical decisions. To achieve this, physicians and staff must be not only culturally competent as we care for our diverse populations and strive for health equity, but also culturally humble. Only then might we truly be culturally proficient.

ADA STEWART, M.D., IS A
MEMBER OF THE AAFP BOARD
OF DIRECTORS.







Foster Care Outcomes

We have the tools for change.

The presence of poverty alone does not mean a child is unsafe, unloved, or that a parent lacks the capacity to care for his or her child. Poverty can make it more challenging for parents to meet certain of their children's needs. We must be resoundingly clear that a child should never be removed from his or her family due to poverty alone..



400K







Children in our nation's foster care system Will age out of the system without permanency

Children waiting to be adopted

Over 74%

Of the children are removed from their biological parents due to neglect

Neglect

Is the failure of a parent or caregiver to provide for a child's basic needs

Sources of parental neglect can be due to **poverty**,

isolation, unmet mental health/behavioral health needs, lack of parental skills and lack of understanding of developmental needs.



Recognizing Developmental and Mental Health Needs of Systems Involved Children

Why are System Involved children at risk?

Increased vulnerability due to maltreatment

Environmental risk factors such as:

abuse, neglect, poverty, and violence parents with mental illness or drug/alcohol dependency exposure to maternal substance abuse

Parenting challenges:

low levels of supervision, lack of involvement in the child's life, lack of prosocial reinforcement

Multiple placement changes (across families, schools, neighborhood and communities)
Feelings of rejection, guilt, anger, abandonment, and shame







Family First Prevention Services Act (FFPSA)

The law creates these changes through key reforms:

Supports prevention and early intervention services to keep children safe, strengthen families, and reduce the need for foster care whenever it is safe to do so.

Provides support for kinship (relative) caregivers.

Establishes requirements for placement of children in non-family settings and improves quality and oversight of services.

Improves services to older youth who are aging out of foster care.



Our Model

- Aligned with Family First Prevention Services Act of 2018
- Shared federal and state goals (SAY WHAT THESE ARE)
- Prevention focus
- Family preservation emphasis
- Promote appropriate placements
- Trauma-transformation approach
- Reduce fragmentation Effective and efficient systems
- Reduce poverty and its outcomes Navigable systems and accessible resources with support to get them
- Advance person and family self-sufficiency, recovery and resiliency
- Assure all children have safe and nurturing homes and communities





SKY Program Goals

Reduce the number of children being removed from biological parents due to neglect through improved identification of children at risk for foster placement and provide early intervention and prevention

Return children from long-term out-of-home placements to their families, specifically those children placed out-of-state and/or residential care

Ensure that older foster youth have permanency plans that include lifelong connections with biological relatives and other important, informal relationships

Each child in supportive or intensive levels of care management has a care plan incorporating the LifeCourse model with at least 2 community-based resources which addresses unmet needs across multiple life domains.



Who is eligible to enroll in SKY?



The following groups are enrolled in the SKY program:

- Children in foster care
- Children in placed in kinship/ fictive kin care
- Youth dually committed to DCBS and DJJ
- Youth in Juvenile Justice who are Medicaid eligible
- Children 18 and under who are eligible due to being in an out of state relative placement
- Children and youth who are receiving interstate adoption assistance
- Adoption assistance children



Who is eligible to enroll in SKY?



The following groups have the option to enroll in or disenroll from the extra benefits and services offered by the SKY program at any time during the year:

- Adoption Assistance Children
- Former Foster Care Children up to the age of twenty-six (26)
- Children and youth who are receiving interstate adoption assistance



SKY Enrollment Exclusions



Members receiving the following are excluded from enrollment in the SKY program:

- Supports for Community Living
- Michele P
- Acquired Brain Injury
- Home and Community-Based
- Long-term care services
- or other Medicaid waivers



How do members get started with SKY?

SKY Members will get a New Member packet, including the Aetna Better Health of Kentucky Member Handbook and the SKY Member Companion Guide.

These explain how the SKY Medicaid Program works. They include helpful resources for SKY members and their circle of support.

It will explain what services and supports are available by the SKY Medicaid program and the roles of the Primary Care Provider (PCP) and Dental Provider, Care Coordination team, DCBS and DJJ workers.

Members will also get their ID card in the mail.





Enhanced Care Coordination

Care coordination team members have experience coordinating and providing physical and behavioral health services to members eligible for the SKY program.

The team will also provide the following services:

- Assist with locating providers and obtaining appointments as needed.
- · Expedite the scheduling of appointments for assessments.
- Face to face visits
- Hospital based care managers
- Polypharmacy case rounds reword
- Assist with the coordination of covered transportation services.
- Arrange community supports for members and referrals to community-based resources, as needed.
- · Wrap around services
- The level of care management services provided by the care coordination teams will be tailored to meet the needs of each individual SKY member, including complex levels of care.



Stratification

• Highest needs – prior BH admissions, special health care needs, medically complex • One weekly contact Minimum 2 hours of care coordination per week Complex • Monthly care plan update, meeting with member Care and caregivers Coordination Two monthly face-to-face visits Moderate acuity, not at risk of crisis One weekly contact **Intensive Care Coordination** • Monthly care plan update, meeting with member and caregivers, and face-to-face visit Limited health care needs **Population Health/Preventative Wellness** Quarterly outreach Annual HRA



Ongoing Care Management Activities

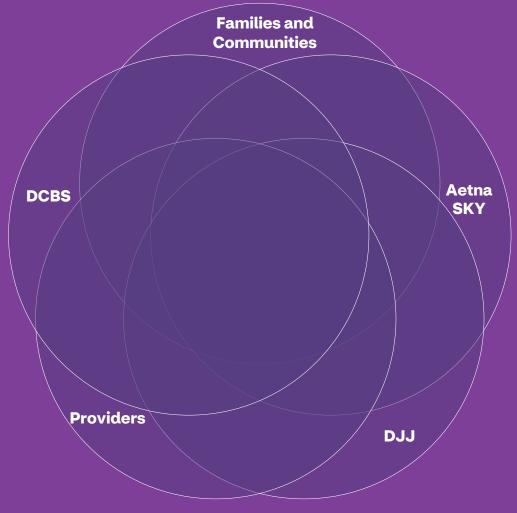


- Enrollee Contacts
 - ☐ Complex
 - Intensive
 - Population Health/Preventative Wellness
- Interval assessments completed every 30 days or more often as the enrollee's condition warrants for Complex and Intensive Enrollees
- Quarterly review of wellness plan for enrollees in Population Health.
- Engaging the enrollee:
 - Motivational Interviewing
 - Trauma-informed care

- Care plan monitoring and adjustments
- Change in condition reassessments
- Addressing gaps in care
- Crisis intervention
 - 24 hour Behavioral Health Crisis
 Line
 - Mental Health First Aid
- Collaboration with internal and external partners
- Case Rounds
- Interdisciplinary Care Team Meetings
- Include caregivers and partners in enrollee's care



Shoulder to Shoulder





Mutual Support +



Subject Matter Expertise +



Navigation of System Barriers



Family and Community Health and Wellness

What is Psychotropic Polypharmacy?

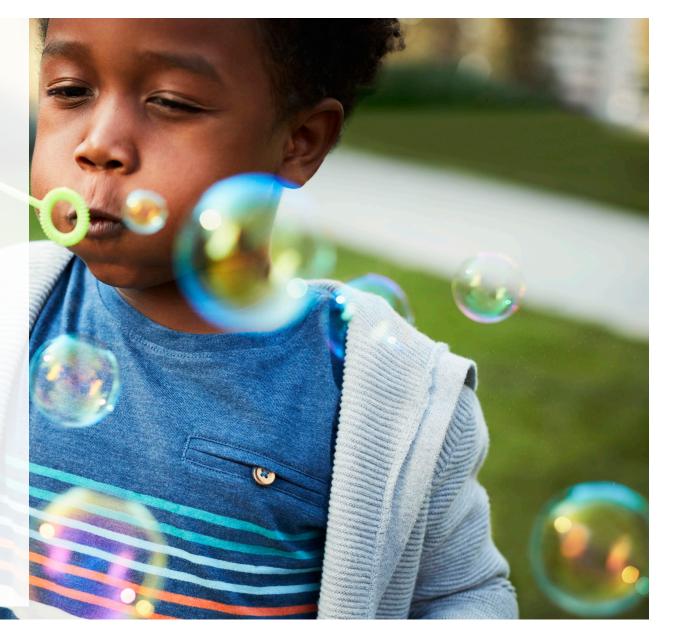
High-level psychotropic polypharmacy

- The concurrent use of at least four classes of psychotropic medications for at least 30 days during the calendar year.
- February 2022 2.66% of SKY Members met this criteria

Psychotropic polypharmacy

- The concurrent use of at least 2 classes of psychotropic medications.
- February 2022 8.95% of SKY Members met this criteria

Davis, D.W., Lohr, W.D., Feygin, Y. et al. High-level psychotropic polypharmacy: a retrospective comparison of children in foster care to their peers on Medicaid. *BMC Psychiatry* **21**, 303 (2021). https://doi.org/10.1186/s12888-021-03309-9





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.



SKY Psychotropic Polypharmacy Initiative Goals



- Reduce number of members who meet criteria for highlevel 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

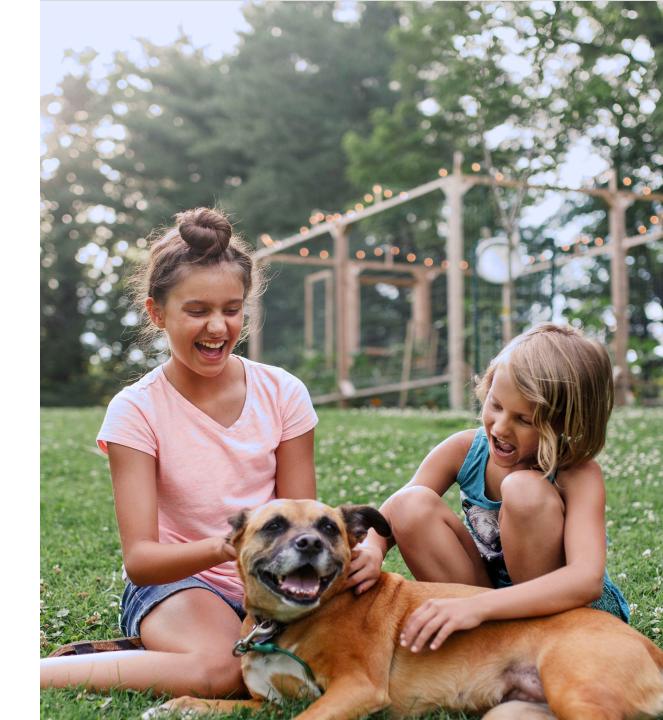
 Prescribers, therapists and foster families on informed consent, deprescribing, treatment alternatives. (See Resources Slide for UL Deprescribing Tools)

Alert

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

Advocate

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





Who are the KY SKY Transition Age Youth?

Any youth system involved, ages 12-26

Transition planning should start early; for those youth who may not be able to return to their family, we should start planning as early as 12 years of age

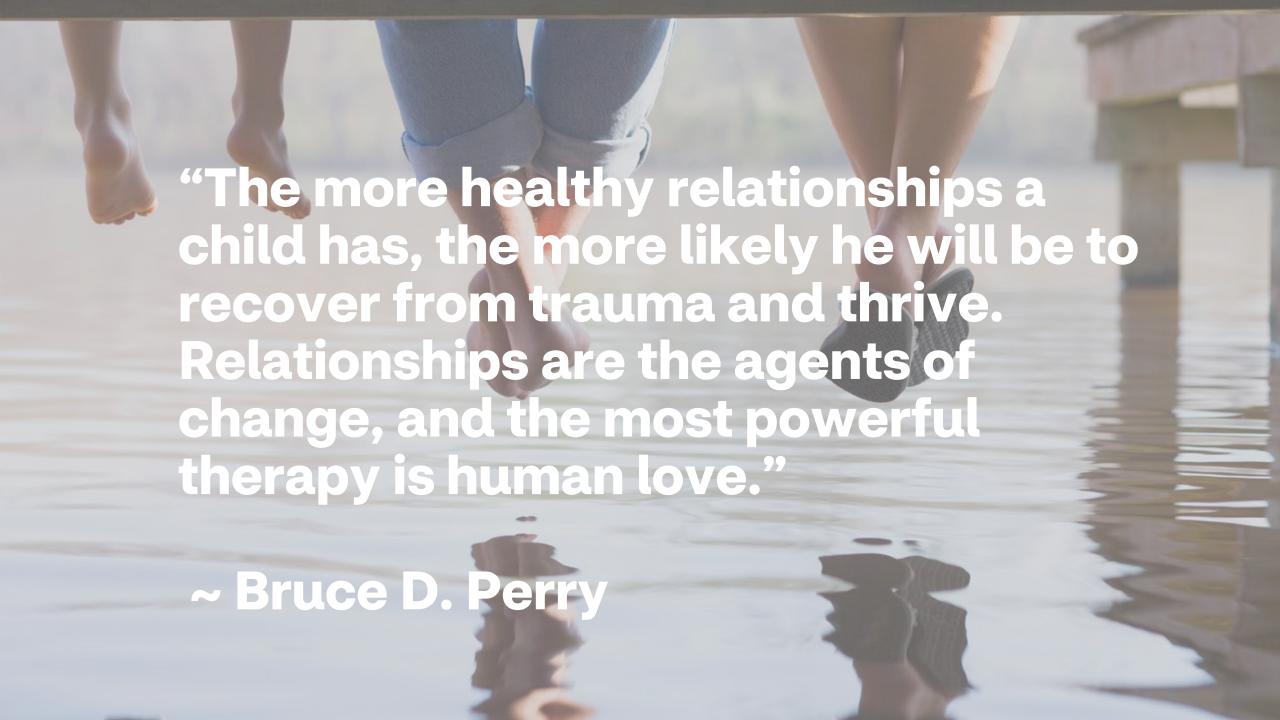
Our youth who need to establish life-long connections prior to aging out of the system

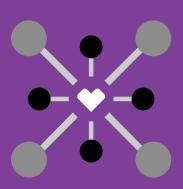


Aetna Support Provided to Transition Aged Youth

- Establishing of Transitional Care Plans
- Accessing Aetna's Children's and Adult's System of Care (SOC) Administrators to help address any systemic barriers to successful transition
- Initiating Waiver applications (for ex. HCBS) as deemed medically necessary
- Assessing needs for specialized supports
- Assessing risk
- Assessing youth's Social Determinants of Health







Participants include Cross-System Representation

- Providers
- Advocacy Groups
- Advanced Education settings
- DCBS/DMS/DJJ/DBHDID
- Administrative Office of the Courts
- Former Foster Care Youth
- Foster, Adoptive, Kinship Families
- Training Organizations

What is the Training Collaborative?

A group of cross system stakeholders with various perspectives and expertise who will work together to evaluate current training and help identify opportunities to address any gaps.

PURPOSE

- 1. To identify subject matter and topics that directly impact shared goals for children and families involved in the traditional care system
- 2. Help create training that addresses identified topics
- 3. To identify gaps in training, as well as any challenges to training distribution and support of children and families
- 4. To help address those gaps and position Kentucky as a leader in child welfare and family first practice.





What are Value-Added Benefits?

Value-added benefits (VAB) are enhanced benefits that are offered at the discretion of the health plan. These services, coupled with covered services, aim to improve quality of life and health outcomes for enrollees. They are a critical component of the overall program and will provide another path that leads to our enrollees achieving optimal health.

*See Appendix for more details on VAB

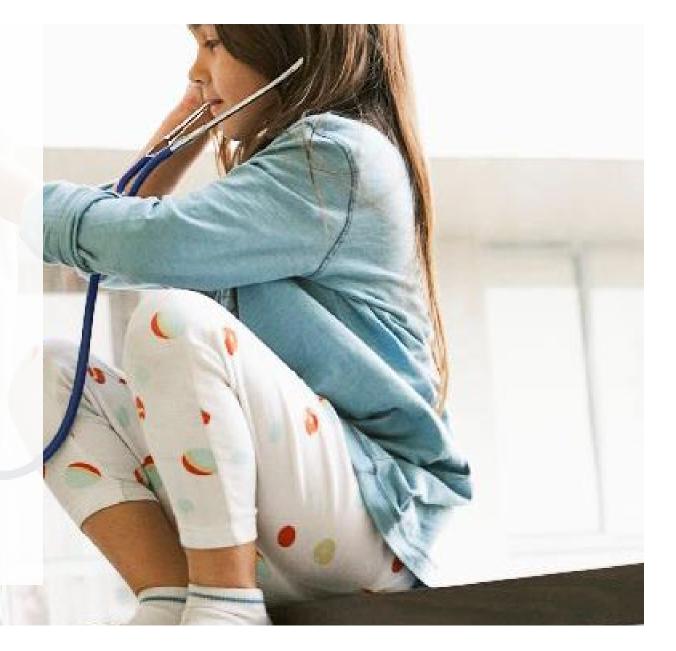


We need your help

The SKY program is focused on engaging these children and youth as well as their networks of support.

By bringing together families, providers, both physical and behavioral health, outside resources like community partners, DCBS and DJJ, we can provide these children and youth with a blanket of support and continuity of care to help achieve not only improved health outcomes, but a greater quality of life.

We recognize and appreciate the importance of your established relationship with SKY youth.





Reminders

Provider Engagement Activities

WELCOME TO SKY

Provider introduction to the Supporting Kentucky's Youth program. This training is mandatory for all providers and an accompaniment to the New Provider Orientation.

Weekly Provider Bulletins

- Please share with your organization
- If you are not receiving these, please contact Michelle Marrs, or go to our provider website

Monthly Provider Virtual Office Hours

➤ Every third Thursday from 11 am – 12pm EST. This will contain state contract provider training requirements. Subjects include:



- Medical consent requirements
- Required timelines for services and assessments
- Specific medical information required for court requests and judicial review of medical care
- Appropriate utilization of psychotropic medications
- Evidence-based Behavioral Health treatment interventions
- CANS
- Specific Behavioral Health and Physical Health needs of the SKY populations BH Toolkit
- Screening for and identification of Behavioral Health
- Performance measures and health outcomes



Provider Engagement Activities (offered quarterly)

Additional state contract provider training requirements – See Calendar of events for scheduling.

Family Finding Bootcamp

Join Kevin Campbell, Model Author, and Elizabeth Wendel, Family Finding Expert, as they discuss a paradigm shift around participatory healing practice for families in child protection systems. Experiential learning, real-time guided family engagement, and cross-system collaboration will set the stage for walking together in change.



Trauma Informed Care

This Trauma Informed Care training, presented by UK and sponsored by Aetna, will provide a brief overview of the types of trauma children/adults may be exposed to and symptoms of traumatic stress. Participants will learn about the elements of a trauma-informed system and will increase their knowledge and practice of emotional regulation strategies that can reduce traumatic stress symptoms in clients. CEs available for SW and Psych only. Not eligible for foster parent credits. Participants will receive a certificate of completion.



Provider Engagement Activities (offered quarterly)

Additional state contract provider training requirements – See Calendar of events for scheduling.

High Fidelity Wrap

Overview given by The National Center for Innovation and Excellence. Wraparound is an intensive, team-based, person-centered care planning and management process. It is not a treatment or service per se. Wraparound is not a process for all; it is applicable and most effective for those with complex needs and histories of extensive and costly service utilization. The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process with four specific phases (engagement, plan development, implementation, and transition) that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family.

Neonatal Abstinence Syndrome/Substance Exposed Infants

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.

Mental Health Crisis Intervention Services

Learn about the crisis interventions services available in their regions and how to access them.



Sampling of additional available optional trainings-See

Calendar of events for additional trainings and scheduling.

Supporting LGBTQ+ Population

Understanding of the cultural values and practices within the community and be able to identify resources including behavioral health needs for LGBTQ+ enrollees; understanding that language is essential, such as using correct identifying pronouns, and that forms and resources account for diverse perceptions of sexuality, sex, and gender.

Supporting Transition Age Youth

Supporting Transition Age Youth is a virtual presentation designed for providers in order to highlight the special needs of persons who will soon transition or have already transitioned from out of home care. The presentation for providers provides an overview of the early transition planning available, community supports and case management, and value-added benefits through the SKY program.

Sex Trafficking 101

Understand sex trafficking, what resources are available, learn how to meet the complex behavioral health and support needs of this population, and reporting requirements.

Evidence Based Guidelines for Weight Management for Providers

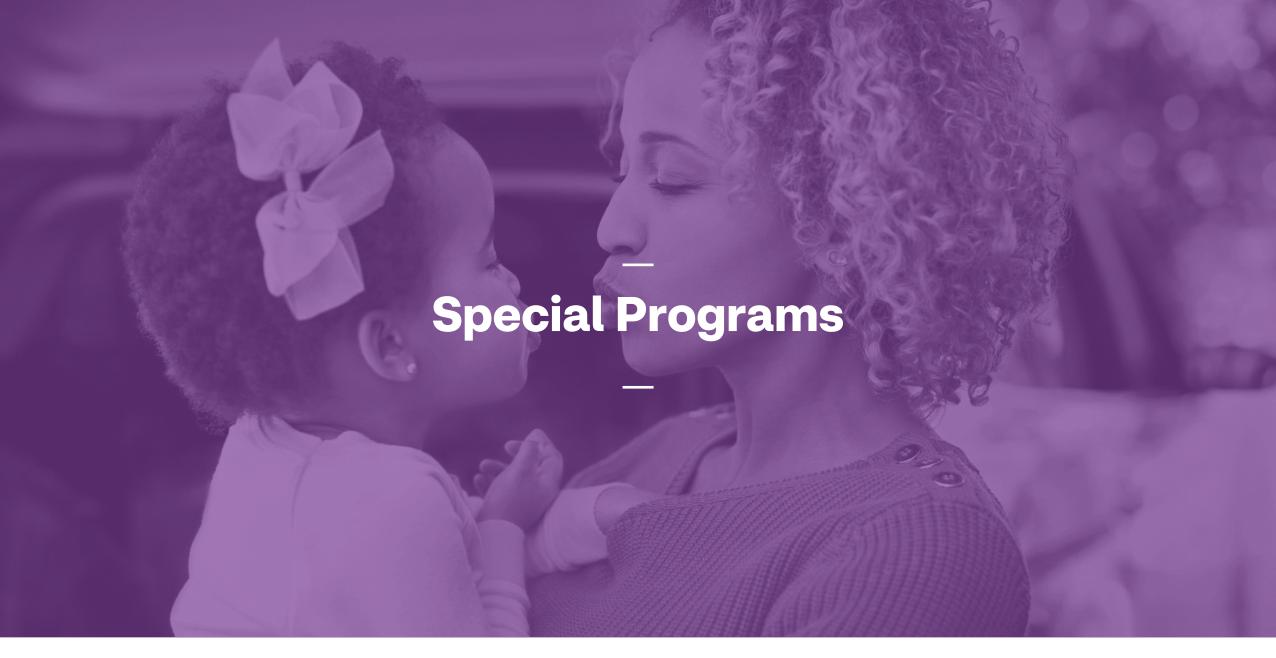
Power Struggles Training

For Foster Parent Credits:

This presentation for parents is designed to provide evidence-based, practical information in dealing with Power Struggles



Q&A



Special Programs

Population Health Management

Our goal is to help our members stay healthy and to make sure they stay involved in their healthcare. Our Population Health Management program helps our members find the right care at the right time. This is for both physical health and mental health. We can help with housing, food, transportation and other daily needs. Our Population Health Management program focuses on the following four key areas:

- Our **Flu Vaccine** program provides education on the importance of flu vaccine in order to keep our members healthy.
- Our **Be Healthy** program provides education and care management support for members with diabetes.
- Our **Lock-In** program provides care management that support and assists members with finding a medical home (PCP).
- Our **Aetna Cares** program provides care management support and education for members who have heart failure, depression, asthma or COPD.

Care Management and Disease Management

Managing chronic illness can sometimes be difficult. Knowing who to contact, what test results mean, or how to get needed services can be hard. Aetna Better Health of Kentucky's team of Care and Disease Managers are here to help our members, as well as their families, primary care providers and caregivers. We can help with changes and provide information, so patients and caregivers are better prepared and informed about health care decisions and goals.

If you have a chronic condition, such as low back pain, sickle cell anemia, hemophilia, HIV/AIDS, multiple sclerosis or other conditions such as high-risk pregnancy or neonatal concerns, a history of health problems, or problems following our rules for getting health care, we want to work with you and your PCP to meet your health care needs.

Our Care and Disease Management Teams can also offer assistance to quit smoking.



Special Programs

EPSDT

- 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.
- EPSDT Special Services are services for Members under the age of 21 not covered by the Kentucky Medicaid Program. EPSDT Special Services are provided as required by 42 USC Section 1396 and by 907 KAR 1:034, Section 7 and Section 8. Those EPSDT diagnosis and treatment services and EPSDT Special Services which are not otherwise covered by the Kentucky Medicaid Program shall be covered subject to Prior Authorization by the Contractor, as specified in 907 KAR 1:034, Section 9. Approval of requests for EPSDT Special Services shall be based on the standard of Medical Necessity specified in 907 KAR 1:034, Section 9.

EPSDT Covered Services

- The areas of health care that are checked include: preventive checkups, growth and development assessments, vision, hearing, dental, immunizations, and laboratory tests.
- Children should receive health check-ups regularly or before the following ages: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, and once a year for ages 3–20.
- Documentation of these evaluations should be recorded in the child's medical record.

**For additional information on EPSDT please refer to our provider manual.





Special Programs

Family planning services and supplies

Family planning services includes birth control counseling and supplies. Aetna Better Health covers family planning for members of child-bearing age. You don't need to ask your PCP before getting this care. Appointments for counseling and medical services shall be available as soon as possible within a maximum of 30 days. If it is not possible to provide complete medical services to Members less than 18 years of age on short notice, counseling and a medical appointment shall be provided right away preferably within 10 days.

Translation or interpreter services

If your primary language is not English or you have a hearing impairment, we'll help you get interpreter services. This service is free.

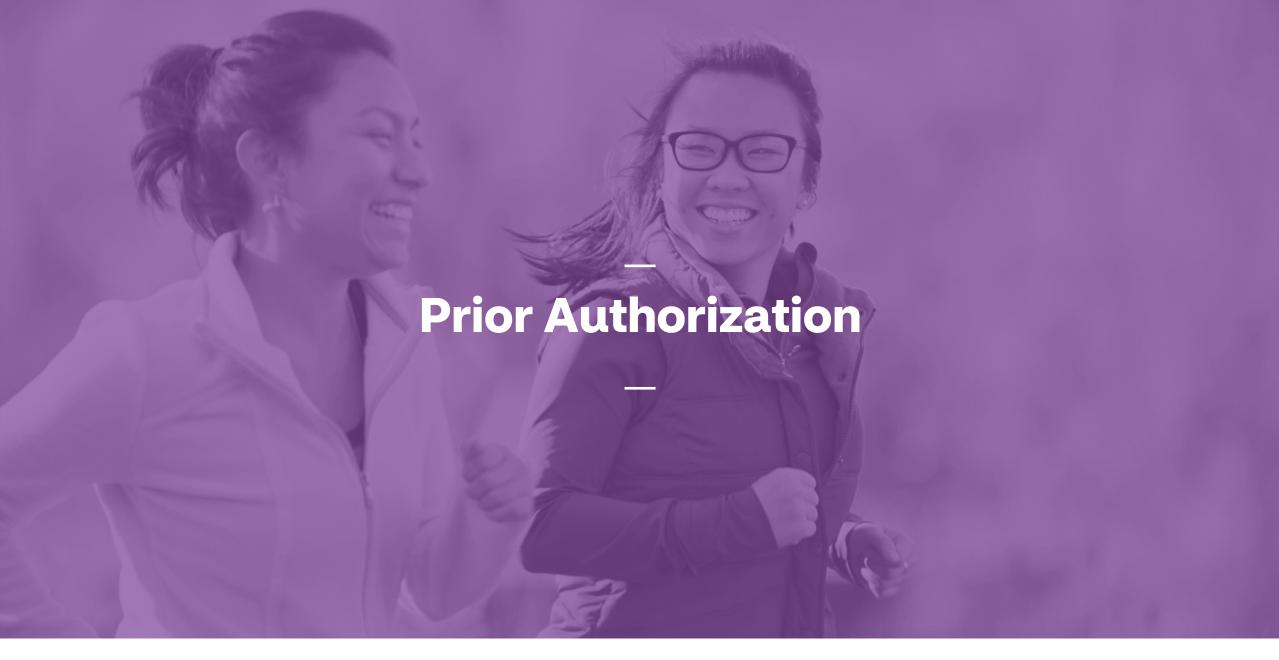


Transportation

Emergency transportation: Call 911 or the closest ambulance service. **Non-emergency transportation:** Kentucky Medicaid will pay to take some members to get medical services covered by Kentucky Medicaid. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

For these are any covered services please call Aetna Better Health's Member Services at **1-855-300-5528** (TTY users dial **711**, TDD users dial **1-800-627-4702**).





Prior Authorization



The term Prior Authorization (PA) is the utilization review process used to determine whether the requested service, procedure, prescription drug, or medical device meets the company's clinical criteria for coverage.

Prior Authorization List: For a comprehensive listing of authorization requirements by Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes, please visit the Aetna Better Health provider portal and refer to the prior authorization tool/directory.

The PA request form is available on the website: https://www.aetnabetterhealth.com/kentucky/providers/library.



Medical Providers may request authorization and submit notification Monday -Friday between the hours of 8 a.m. – 6 p.m. ET.

Behavioral Health Providers may request authorization and submit notification 24 hours a day/7 days a week.

Fax the request form to: Medical: 1-855-454-5579 Outpatient Behavioral Health: 1-855-301-1564 Behavioral Health Psychological and Neuropsychological Testing: 1-844-885-0699

Call us toll free: Medical: 1-888-725-4969

Behavioral Health: 1-855-300-5528

Submit through our 24/7 Secure Provider Portal: http://aetnabetterhealth-kentucky.aetna.com/

Requesting Authorization



Availity



Member site

Contact us

Search Q

2

Working with us

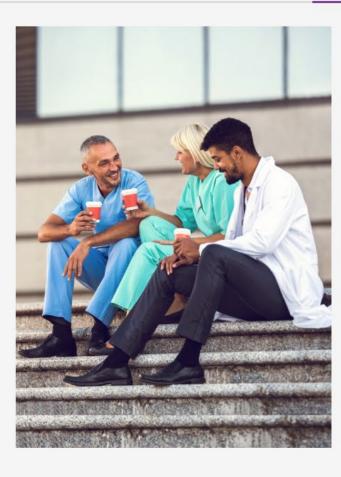
Programs and services

Resources

Join our network

Find a provider

Provider Portal



Already using Availity?

Just <u>log in</u> with your regular credentials and choose Aetna Better Health from your list of payers. This allows you to start using the portal and all its features. The portal tools inside make all your admin work as easy as possible.

New to Availity?

If you're new to Availity, you'll want to register right away. Just click "Register now" to get started. You can get training once you log in.

Register now >

Learn about Availity portal registration >

Get training on Availity >

Need help with registration? Just call Availity at 1-800-282-4548. They can help from 8 AM to 8 PM ET, Monday through Friday (except for holidays).



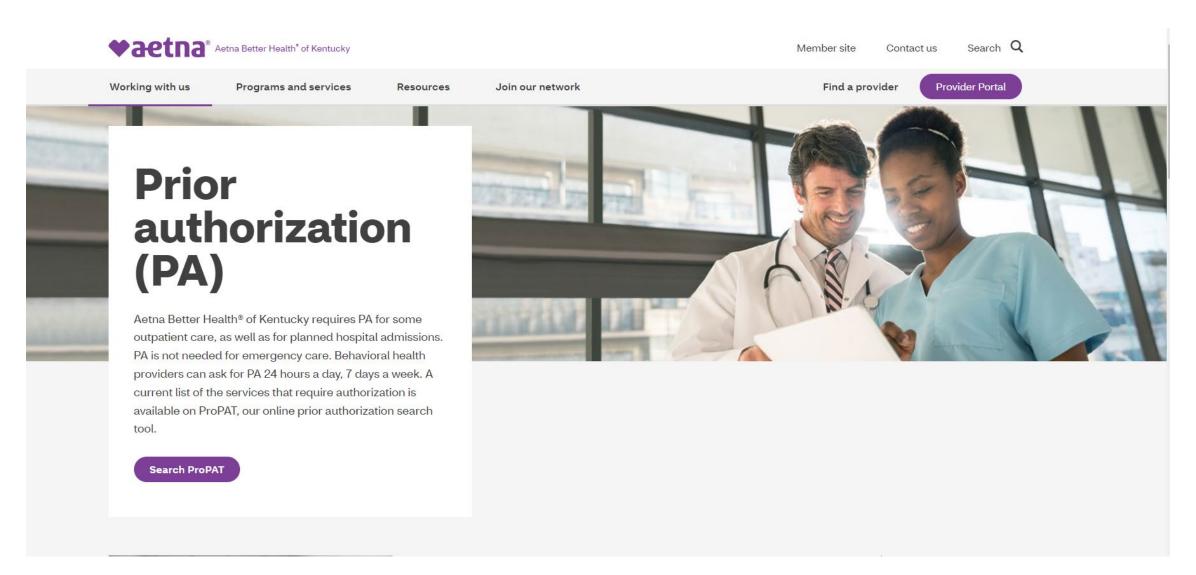
Log in

You can sign into the:

Availity Provider Portal >

Medicaid Web Portal >

ProPat







Required Information

Please provide the following information for each service when requesting authorization:

Member name

Ordering provider

Aetna Better Health and/or Kentucky Medicaid number

Date of birth

Expected date of service

Diagnosis

Service requested

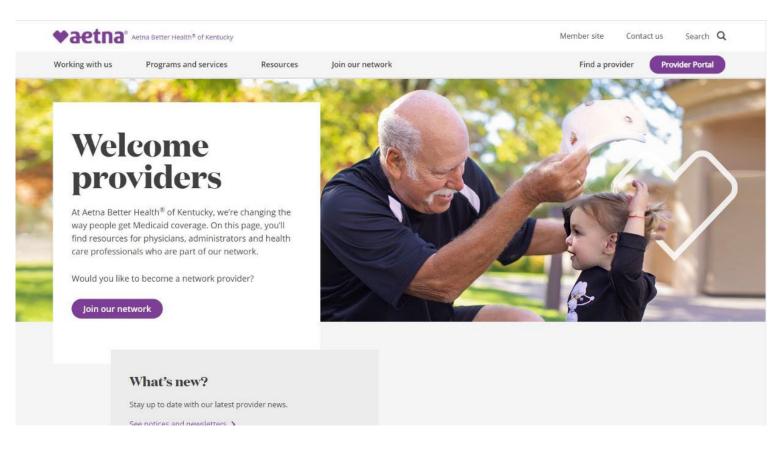
Significant medical information related to the diagnosis and service requested

Name of provider/facility rendering service









Our provider website contains resources to assist provider interactions with Aetna Better Health of Kentucky. Here are a few:

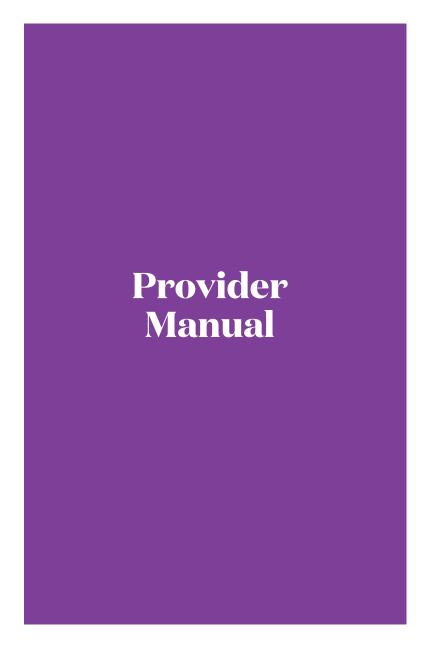
View and download our provider manual, communications and newsletters

Searchable provider directory - appeals forms - member materials

Fraud & abuse information and reporting - Gateway to our secure provider web portal

• www.aetnabetterhealth.com/kentucky







	Working with us	Programs and services	Resources	Join our network	
i i	Download the provider	manual (PDF)			
	Provider Portal				
	Notices and newsletter	'S			
	Education and guidelin	es >			
	Provider materials and	forms			
					1/

The provider manual can be accessed via the website from the 'For Providers' tab under Resources.

The Aetna Better Health of Kentucky provider manual outlines our administrative policies and procedures.

We encourage providers to please review the manual thoroughly.



Practice Guidelines

Clinical Practice Guidelines

Aetna Better Health adopts evidence-based clinical practice guidelines (CPGs) from nationally-recognized sources. CPGs are tools that help practitioners make decisions about appropriate health care for specific clinical circumstances. The Aetna National Guideline Committee reviews CPGs every two years or more frequently if national guidelines change within the two-year period.

CPGs are provided for informational purposes only and are not meant to direct individual treatment decisions. All patient care and related decisions are the sole responsibility of providers. These guidelines do not dictate or control a provider's clinical judgement regarding the appropriate treatment of a patient in any given case.

Preventive Service Guidelines

Aetna Better Health adopts nationally accepted evidence-based preventive services guidelines from the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention. When there is lack of sufficient evidence to recommend for or against a service by these sources, or conflicting interpretation of evidence, we may adopt recommendations from other nationally recognized sources. The guidelines are adopted to facilitate improved health care and to reduce unnecessary variation in care. They are not intended to direct coverage or benefits determinations, or treatment decision.

Additional information and guidelines can be found on our website.





Provider Portal

In 2021, Aetna Better Health® / Medicaid is transitioning from the Medicaid Web Portal (MWP) to Availity as our Provider Portal. During that time, you'll be able to access both portals. To register, follow the steps on this page.

The secure provider web portal provides a platform for Aetna Better Health of Kentucky to communicate health care information directly to providers.

The Provider web portal has the following features:

ProPAT (Provider Authorization Tool)

Panel Rosters

View Remittance Advice

Claims

Member Eligibility

Send & Receive Secure Messages

Submit Authorization Requests

View Remittance Advice Status

Dates to know about Availity

In mid-January 2021, we'll start using the Availity Provider Portal. Here are the dates you'll be

Login



Claim Submission

Change Healthcare



Payor ID# 128KY



Claim Type – UB and CMS



1-877-469-3263





Submission of Corrected Claims

Corrected claims must include all original claim lines, including those previously paid correctly. Resubmitted claims without all original claim lines may result in the recoupment of correct payments.

Label all corrected paper claims as "Corrected" or "resubmittal" on the claim form

Send paper claims for reconsideration with attached documentation to:

Aetna Better Health of Kentucky Attn: Claims Resubmissions/Reconsideration P.O. Box 982969 El Paso, TX 79998-2969

Timely Filing Guidelines				
Claim type	Timely filing guidelines			
Initial claims (Outpatient/Professional/Ancillary	365 calendar days from the date of service (DOS)			
Services)				
Initial claims (Inpatient Services)	365 calendar days from the date of discharge (DOD)			
Retroactively activated member, including	365 calendar days from the date of enrollment into the Aetna			
newborn claims	Better Health eligibility files			
Coordination of Benefits (all provider types)	365 calendar days from date of primary carrier remittance			
	advice			
Adjusted/corrected claims	Providers have 24 months from the date of the first			
	remittance advice to contact Aetna Better Health to request			
	an adjustment or for Aetna Better Health of Kentucky to			
	receive a corrected claim			
7 Replacement of prior claim				

Any other code (inc	cluding 1) submitted in the claim type frequency code will not be flagged in our system as a
resubmission and v	vill be adjudicated as an original submission. The above field code values are for 5010
professional claims	. Institutional claims submission uses the same code values submitted in the last position of
the time of hill field	

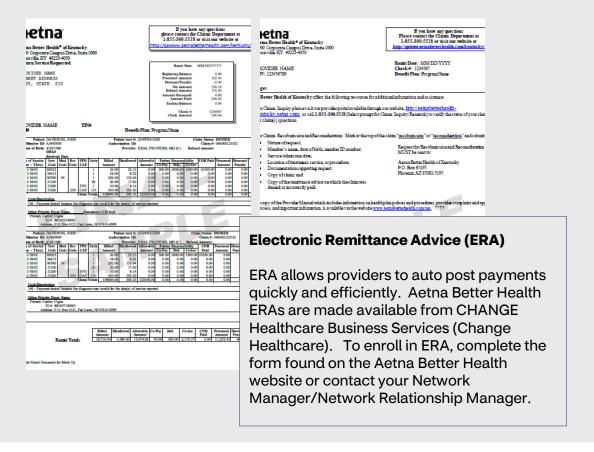
Corrected or replacement claims may be submitted electronically. Use the Claim Frequency Type Code (CLM05-3) in the 837 5010 EDI format. A value in this field equal to "7" indicates a replacement claim.

Void/cancel of a prior claim



Remittance Advice

Aetna Better Health generates twice weekly Remittance Claims processed during a payment cycle appear on a remittance advice (remit) as paid, denied or reversed. Adjustments to incorrectly paid claims may reduce the check amount or cause a check not to be issued. Please review each remit carefully and compare to prior remits to verify proper tracking and posting of adjustments.



Kentucky Health Information Exchange



About ▼ Participants ▼ Services ▼

The Kentucky Health Information Exchange (KHIE) is a secure network that meets national standards to ensure interoperability. Participants with certified electronic health record technology (CEHRT) can access, locate, and share needed patient health information with other healthcare providers at the point of care.

VID-



Connecting Kentucky. Improving Healthcare.

KHIE Participants have access to the following types of data: patient demographics, lab and pathology results, transcribed reports including radiology, immunization data, summaries of care, admit, discharge, and transfer data, behavioral health data, data from EMS and correctional facilities.

For more information and details on training and participation please visit:

https://khie.ky.gov/Pages/index.aspx

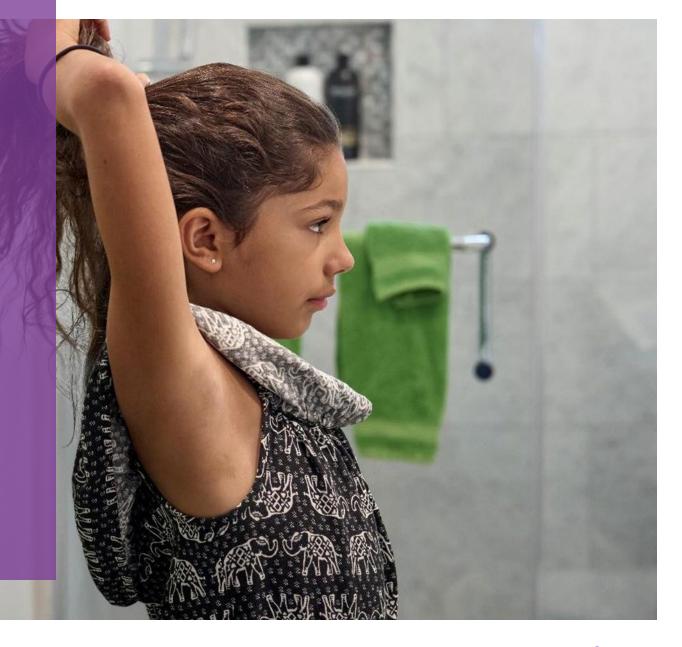
Get Started >>



Grievance & Appeals

At Aetna Better Health of Kentucky, we care about our providers. There may be times, however, when a provider will need to file an appeal or a grievance. Both complaints and appeals can be clinical or administrative. Clinical cases are about decisions we make based in whole or in part on medical criteria.

This includes decisions we based on medical necessity and policies on cosmetic procedures. Treatments or procedures ruled as experimental or investigational are included as well. You have a right to request and receive a written copy of the criteria, policy or procedure we used to review your case, if it was about a clinical decision.





How to File

We have processes designed to let you tell us when you are dissatisfied with a decision we make. You may file a complaint or an appeal. We've outlined each process below. There are several ways you can get your complaint or appeal to us. You can:

Fax your appeal to us at 1-855-454-5585. Our fax is secure and is available twenty-four (24) hours a day, every day. This is the fastest and most preferred method to send an appeal.

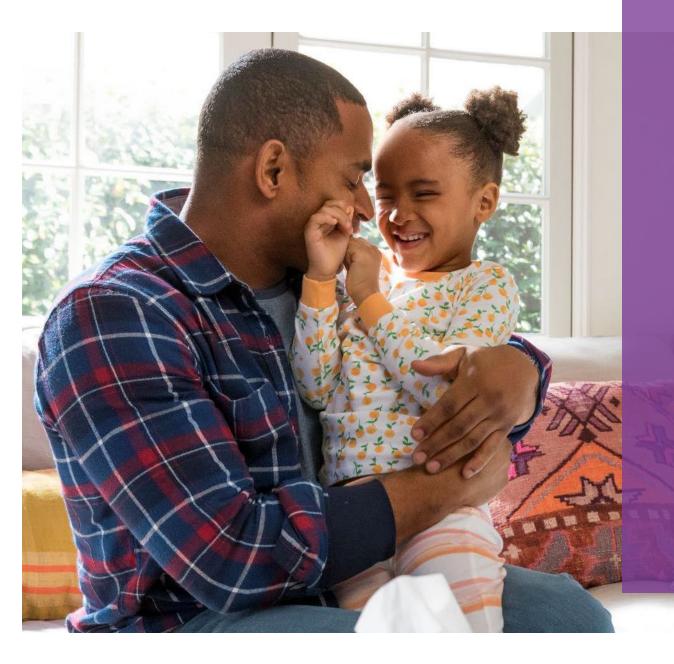
Call us to tell us about your appeal or complaint at 1-855-300-5528 (TTY users dial 711/TDD users dial 1-800-627-4702). We're open Monday through Friday from 7a.m. to 7p.m. ET.

File a **written** complaint to us at:
Aetna Better Health of Kentucky
Attn: Complaint and Appeal Department
PO Box 81040 5801 Postal Rd
Cleveland, OH 44181

You can email us at: KYAppealandGrievance@aetna.com

You can also submit an appeal through the **ABHKY's payer** space in Availity.





Quality

Aetna Better Health maintains a quality management program that promotes objective and systematic measurement, monitoring, and evaluation of services and implements quality improvement activities.

The Aetna Better Health Quality Improvement program encompasses all aspects of clinical care and services for all members and providers.

The program addresses members with special needs in the monitoring, assessment, and evaluation of care and services provided. Emphasis is placed on, but not limited to, clinical areas relating to women, infants and children, adolescents, and young adults. Early, Periodic, Screening, Diagnosis and Treatment (EPSDT), HEDIS® and non-clinical areas, such as member satisfaction and provider satisfaction, are also included in the comprehensive effort to improve outcomes of care and service.

https://www.aetnabetterhealth.com/kentucky/providers/medical-management.html



HEDIS

Healthcare Effectiveness Data and Information Set (HEDIS®)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures designed to ensure that the public has the information it needs to reliably compare performance of managed health care plans. Aetna Better Health of Kentucky collects this data routinely.

Helpful HEDIS® Documentation Tips for Providers

We have developed a Tips Sheet regarding documentation guidelines when providing HEDIS® related services. This can be found on our website.

https://www.aetnabetterhealth.com/kentucky/providers/hedis.html





Medical Record Management

Providers are responsible for maintaining medical record systems that ensure the following:

Confidentiality of protected health information (PHI).

Records are kept current in a detailed, organized, and comprehensive manner that permits effective member care and quality review. (See section 1. C. Medical Record Documentation Standards.)

Records are available and accessible for quality review in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Aetna Better Health providers are responsible for maintaining records according to federal and state requirements and applicable accreditation standards, such as NCQA.

https://www.aetnabetterhealth.com/kentucky/providers/medical-management.html





Integrated 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 (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 out lines 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.

Let and wellbeing by collaborating across disciplines today.







Fraud, Waste and Abuse

Fraud. Waste and Abuse Guidelines

Aetna Better Health is a Kentucky Medicaid managed care organization and as such is bound by all federal and state anti-fraud and abuse programs. Aetna Better Health must report any potential fraud or abuse by our providers and members. We are bound contractually by the Commonwealth to report these occurrences and must investigate any fraudulent or abusive behavior meeting the following definition:

Kentucky Medicaid Managed Care Fraud Definition

Any type of intentional deception or misrepresentation made by a recipient or a provider with the knowledge that the deception could result is some unauthorized benefit to the recipient or provider or to some other person. It includes any act that constitutes fraud under applicable federal or state law.

Kentucky Medicaid Managed Care Abuse Definition

With reference to a health care provider, practices that are inconsistent with sound fiscal, business, or medical practices, and that result in unnecessary cost to the Medicaid program established pursuant to this chapter, or that result in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes practices that result in unnecessary cost to the Medicaid program. It should be noted that Kentucky Medicaid funds paid to an MCO, then passed to subcontractors, are still Medicaid funds from a fraud and abuse perspective.

Program Description

Aetna Better Health has a comprehensive fraud and abuse program for both providers and members. Within our program, fraud and abuse prevention, detection, reporting, reviewing, and corrective actions are our main goals. Much of the detection process comes from providers because they are in the best position to see characteristics of fraud, which leads to the minimization of fraud loss. Organizations suffer tremendous costs as a result of fraud and abuse. With the basic understanding of fraud and abuse, it will be easier to detect any fraudulent activity routine.

If you think someone has committed Medicaid fraud or abuse, please contact: Fraud, Waste and Abuse Hotline at **1-800-372-2970**.





yaetna®



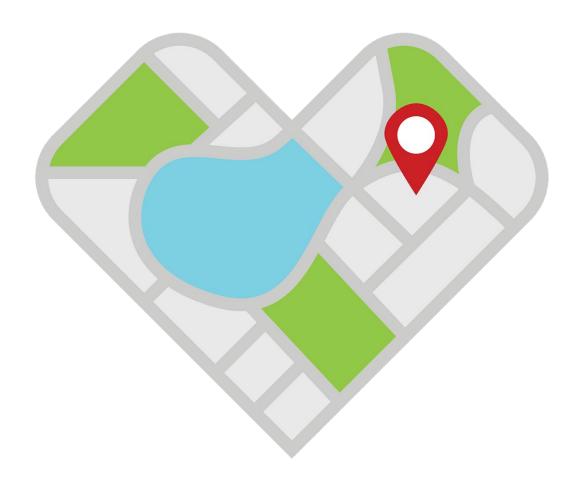
Aetna Better Health® of Kentucky

Who is my Network Relations Contact

Our Network Relations Team is assigned to designated areas throughout the state and are located within the communities in which they serve. We are subject matter experts and are available to provider education, training, and support.

Aetna Better Health of Kentucky offers a provider services line which can be reached by calling 1-855-300-5528 - Monday through Friday 7 AM-7 PM For general questions, send to:

KYProviderRelations@aetna.com





Regional Network Manager

Gina Gullo 502-612-9958 Rlgullo@aetna.com

Region 1 - Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, McCracken

Region 2 - Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster

Providers in the state of Indiana



Regional Network Manager

Becky Bowman 502-322-2699 BowmanB@aetna.com

Region 3 - Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington



Regional Network Manager

Andrea Dewitt 270-306-0765

DewittA@aetna.com

Region 4 - Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne

Providers in the state of Tennessee





Behavioral Health NetworkManager

Christi Atkinson 859-321-0775 AtkinsonC1@aetna.com

Behavioral health providers

- Region 3
- Region 4
- Region 5
- Region 6



Regional Network Manager

Donna Martin 859-207-8618 MartinD4@aetna.com

Region 6 - Boone, Campbell, Gallatin, Grant, Kenton, Pendleton

Region 7 - Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan

Providers in the state of Ohio



Regional Network Manager

Jennifer Hardin 606-240-0120 HardinJ@aetna.com

Region 8 - Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott, Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Morgan, Owsley, Perry, Pike, Whitley, Wolfe

Providers in the state of Virginia and West Virginia





Behavioral Health NetworkManager

Holly Smith 815-641-7411 SmithH3@aetna.com

Community Mental Health Centers Statewide

Behavioral health providers

- Region 1
- Region 2
- Region 7
- Region 8



Specialty Network Manager

Jacqulyne Pack 606-331-1075 JmPack@aetna.com

Value Based Solutions Statewide



Regional Network Manager

Trista Gibson 606-305-2705 GibsonT1@aetna.com

Region 5 - Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jackson, Jessamine, Lincoln, Madison, Mercer, Montgomery, Nicholas, Owen, Powell, Rockcastle, Scott, Woodford





SKY Network Manager

Michelle Marrs 859-221-4737 MarrsM@aetna.com

Supporting Kentucky's Youth (SKY) Statewide

All other out of state providers (not otherwise listed above)



Provider Experience Manager

Dustin Johnson 502-648-6526 JohnsonD38@aetna.com

Statewide







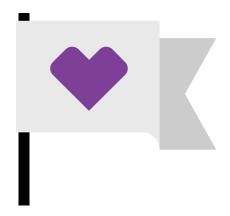
Supervisor, NetworkManagement

Krystal Risner 606-687-0310 RisnerK@aetna.com



Lead Director, NetworkManagement

JoAnn Marston 859-669-6217 MarstonJ@aetna.com





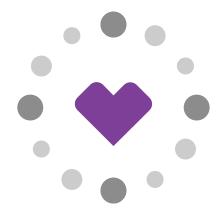
Mailbox: Credentialing applications, forms, and updates along with any demographic updates and terminations should be sent directly to: KyProviderUpdates@aetna.com

EFT/ERA Registration Services (EERS), a better and more streamlined way for our providers to access enrollment in electronic payment services. - To enroll in EERS, please visit https://payerenrollservices.com/

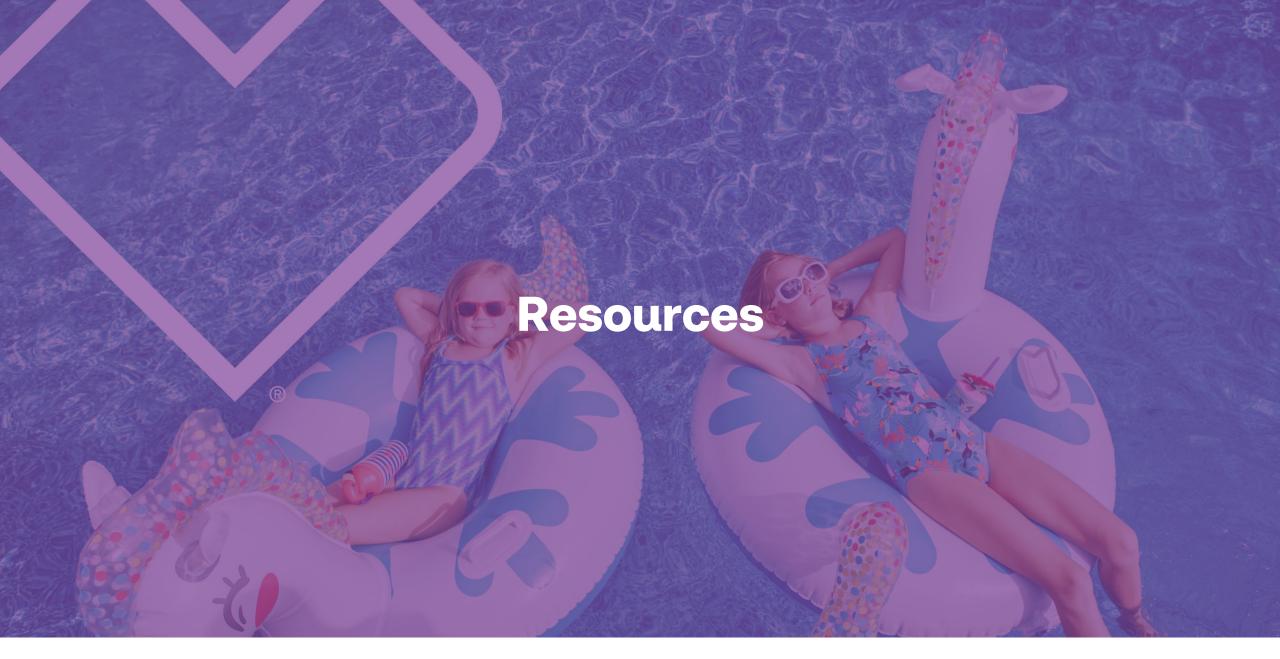
Save time by accessing our online resources.

Be sure to check out our convenient web tools, available 24/7.

- Health Plan Website The health plan website is a resource for members and providers. Providers
 will find information such as the member handbook, provider manual and the formulary on the
 health plan website. Visit the Website at: AetnaBetterHealth.com/Kentucky
- Availity -Simplifies provider transactions such as electronic data exchange, prior authorization requests, claim status, and member inquiries. Visit Availity at: https://apps.availity.com/availity/web/public.elegant.login
- Network Notices We have moved to a web-based application allowing us to share more information with you as needed. If you don't currently receive our notices, please take just a minute to sign up.
 Visit us at: https://lp.constantcontactpages.com/su/Y4DwUms







Key Contacts

Member Services	1-855-300-5528 (TTY users dial 711/TTDD users dial 1-800-627-4702)
Behavioral Health Crisis Hotline	1-888-604-6106 (TDD: 1-866-200-3269, TTY:711
Network Relations	1-855-454-0061
Prior Authorization	Medical: Phone 1-888-725-4969 Fax 1-855-454-5579 Behavioral Health: Phone: 1-855-300-5528 Fax: 1-888-604-6106 Pharmacy: CoverMyMeds – Phone: 1-866-452-5017 SureScripts – Phone: 1-866-797-3239 or 1-866-797-3239 Fax: 1-855-799-2550
Claims Inquiry Claims Research (CICR)	1-855-300-5528
Dental (Avesis)	1-855-214-6676
Vision (Avesis)	1-855-325-6776
Radiology (eviCore)	1-888-693-3211
Pharmacy (CVS) Starting July 1, 2021 - MedImpact	1-855-300-5528 1-844-336-2676
Pain Management (eviCore)	1-888-584-8742
Fraud & Abuse	1-855-300-5528



Key Contacts

Office Location	Aetna Better Health of Kentucky 9900 Corporate Campus Drive, Suite 1000 Louisville, KY 40223
Claims Information	EDI Payor ID (Claim) #128KY PO Box 65195 Phoenix, AZ 85082-5195
Member Eligibility Verification at KYHealthChoices.net	https://public.kymmis.com
Case and Disease Management Referrals	1-888-470-0550
Returned Checks and Refunds	Aetna Better Health of Kentucky Attn: Finance P.O. Box 842605 Dallas, TX 75284-2605
Complaints & Appeals Address	Aetna Better Health of Kentucky Fax: 1-855-454-5585 Attn: Appeals Department PO Box 81040 8501 Postal Road Cleveland, OH 44181
Website	https://www.aetnabetterhealth.com/kentucky
Provider Portal	https://www.aetnabetterhealth.com/kentucky/providers/portal.html



Prescribing 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

Aetna Better Care[™]

Our innovative incentive programs, offered for adults, teens, and children, are designed to encourage members to obtain important preventive services, while emphasizing personal responsibility and ownership of healthy living.

\$10 for Completion of Diabetic Dilated Retinal Eye exam	Members can receive a \$10 gift card for completion of a dilated retinopathy eye exam. Eligibility Criteria: Members 18-75 years of age with diabetes Limits & Restrictions: One gift card per year
\$20 for Follow-up visit with Mental Health Practitioner	Members 6 years and older will receive a \$20 incentive card for a follow-up visits upon discharge from a mental health related hospital stay. Eligibility Criteria: 6 years of age or older Limits & Restrictions: Members are eligible after EACH visit with no annual limit. Visit must occur within 7 days post discharge.
\$25 HRA Incentive	Members who are pregnant or newly eligible will receive a \$25 incentive card for completing the Health Risk Assessment (HRA). Eligibility Criteria: Members who are pregnant or newly eligible Limits & Restrictions: One gift card every 12 months for pregnant members. One gift card within the first 30 days of enrollment for newly eligible members.



Aetna Better Care[™]

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\$10 for Completion of Diabetic Dilated Retinal Eye exam	Members can receive a \$10 gift card for completion of a dilated retinopathy eye exam. Eligibility Criteria: Members 18-75 years of age with diabetes Limits & Restrictions: One gift card per year
\$20 for Follow-up visit with Mental Health Practitioner	Members 6 years and older will receive a \$20 incentive card for a follow-up visits upon discharge from a mental health related hospital stay. Eligibility Criteria: 6 years of age or older Limits & Restrictions: Members are eligible after EACH visit with no annual limit. Visit must occur within 7 days post discharge.
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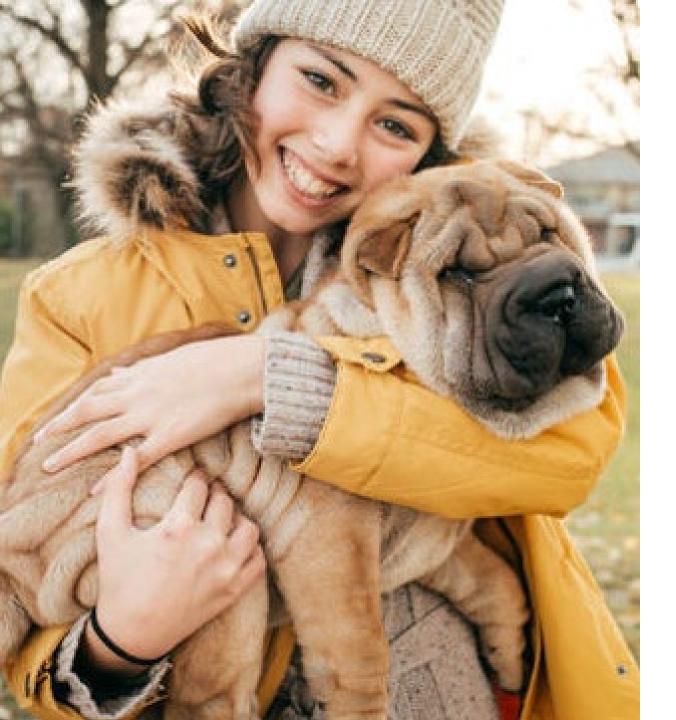


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Resources

YouthLine – a free 24-hour, peer-to-peer youth crisis and support service via phone, text, chat, and email. The helpline is answered by youth daily from 4pm-10pm and by adults at all other times. Telephone: 877-968-8491 Text teen2teen to 839863. Chat now. Email: YouthL@LinesforLife.org

National Runaway Safeline 1-800-RUNAWAY (1-800-786-2929) A national hotline and chat service for teens who have runaway, homeless or who are considering leaving home. http://www.1800runaway.org/LGBT National Help Center

Kentucky Child and Adolescent Programs and Services

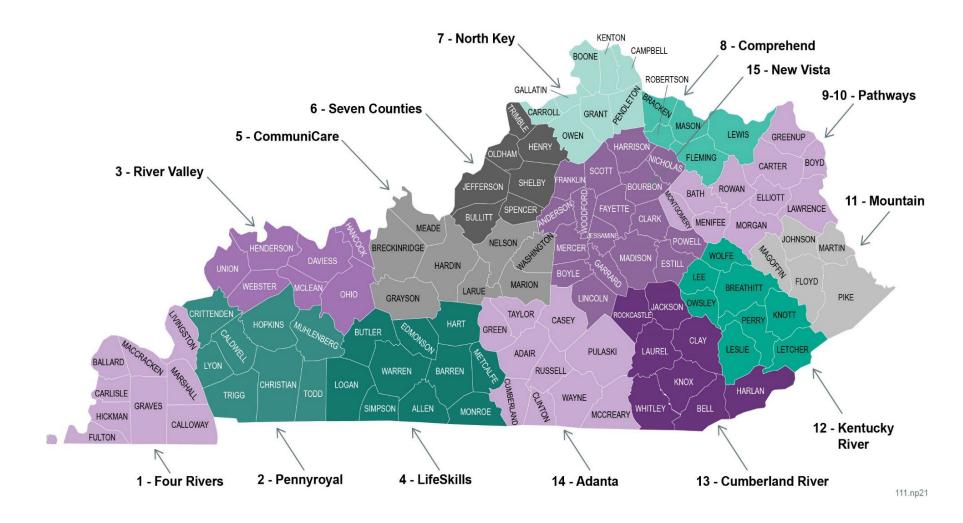
Comprehensive resource list

National Suicide Prevention Hotline - 988

Local NAMI Chapter https://www.nami.org/Find-Your-Local-NAMI/Affiliate?state=KY



Community Mental Health Center Regions









Members can <u>expect more</u> than excellent Medicaid coverage for themselves and their families—and that's exactly what Aetna Better Health of Kentucky has to offer! In addition to health coverage, Aetna is proud to offer many *exclusive* bonus benefits and services at no cost to Aetna and SKY members!

All Value-Added Benefits, Services and Healthy Rewards are subject to change, with advance notice.

For more help or questions about how to access these Value-Added Benefits, Services and Healthy Rewards, please call Member Services at 1-855-300-5528 (TTY: 711), Monday through Friday, 7 AM to 7 PM ET.

Member Incentives

Aetna Better Health is offering a member incentive program to encourage consistent improvements in health outcomes for our members.

Bonus Benefits Offered to Aetna Better Health Members

We are pleased to offer our members the following value-added benefits.



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\$25 for completion of Dental exam	Members can receive a \$25 gift card for completion of a yearly dental exam. Limits & Restrictions: One gift card per year
\$50 for completion of HBA12c test	Members can receive a \$50 gift card for completing a HBA1c test. Eligibility Criteria: Members 18 years of age and older with diabetes Limits & Restrictions: One gift card per year
\$50 for completion of mammogram	Members can receive a \$50 gift card for completing a mammogram. Eligibility Criteria: Females age 50-74 Limits & Restrictions: One gift card per year
\$50 for completion of Pap test	Members can receive a \$50 gift card for completing a Pap test. Eligibility Criteria: Females age 16-64 Limits & Restrictions: One gift card per year



Maternity Matters

Maternity Matters will be offered as a preventive health program for pregnant members and new mothers and is filled with benefits and incentives to reduce premature births and mortality and to encourage care. Incentives are received via reloadable card. The funds earned can be used for healthy foods, maternity supplies, and diapers at a variety of local and online stores.

\$25 for completion of Initial Prenatal Visit	Pregnant members can receive \$25 for completing their initial prenatal visit. Eligibility Criteria: Pregnant members Limits & Restrictions: One per pregnancy
\$10 for completion of Subsequent Prenatal Visits	Pregnant members can receive an additional \$10 for each visit. Eligibility Criteria: Pregnant members Limits & Restrictions: \$100 max per pregnancy/10 visits max
\$25 for completion of Post-Partum Visit	New mothers can receive \$25 for attending a post-partum visit within 7-84 days after the baby is born. Eligibility Criteria: New Moms Limits & Restrictions: One gift card per pregnancy
Cribs for Moms	Pregnant members can earn a portable crib at 37 weeks or more of pregnancy for seeing their doctor regularly (at least 7 visits) during their pregnancy. Eligibility Criteria: Pregnant members Limits & Restrictions: One crib per pregnancy; exceptions are made for multiple births (twins)
Family Transportation	Members enrolled in Maternity Matters program can receive transportation provided for entire family that includes a car seat for children. Limited to 10 round trips (up to 60 miles total per round trip) per year. Eligibility Criteria: Pregnant members and new moms Limits & Restrictions: 10 roundtrips (up to 60 miles total per round-trip) per calendar year; One car seat per infant (Statewide)



SKY Rewards

Our innovative incentive programs provided for our SKY members are designed to encourage foster youth and their caregivers to obtain important preventive services, while emphasizing personal responsibility and ownership of healthy living.

\$25 for completion of physical exam	SKY members can receive \$25 for completing a physical exam within two weeks of enrollment Eligibility Criteria: SKY members during first 2 weeks of enrollment period Limits & Restrictions: One gift card per year
\$25 for completion of dental exam	SKY members can receive \$25 for completing a dental exam within two weeks of enrollment Eligibility Criteria: SKY members during first 2 weeks of enrollment period Limits & Restrictions: One gift card per year
\$25 for completion of vision exam	SKY members can receive \$25 for completing a vision exam within two weeks of enrollment Eligibility Criteria: SKY members during first 2 weeks of enrollment period Limits & Restrictions: One gift card per year



	Aetna Better Health
	No-cost bonus benefits and services
Alternatives to Opioids	Adult members can receive up to \$150 to use towards these services: acupuncture, massage therapy, dry-needling, and yoga.
	Eligibility Criteria: Emerging risk population with an opioid abuse diagnosis Limits & Restrictions: \$150 quarterly
Asthma Home Care	Members with an asthma diagnosis can receive one set of hypoallergenic bedding (mattress encasement and pillow encasement) and up to \$150 toward one carpet cleaning annually.
	Eligibility Criteria: Members Diagnosed with Asthma within the last 12 months Limits & Restrictions: One hypo-allergenic bedding set (mattress encasement and pillow encasement) and \$150 per member per year from last service order.
Back to School Assistance Program	Aetna's Community Outreach through school-based family resource coordinators offer backpacks filled with school supplies.
	Eligibility Criteria: Children 5 - 18 years of age Limits & Restrictions: Once per calendar year
Digital Diabetes Solution	The program provides our members living with diabetes access to education and self-management tools that can reduce or minimize the progression of diabetes. It allows case managers to actively engage, monitor, and manage member activity, measurements, and condition status. Eligible members can either use their existing glucometer or will be provided with a glucometer that can upload their test results via Bluetooth. Other peripherals include either a weight scale or BP cuff depending on their needs.
	Eligibility Criteria: 18 years of age or older living with or at risk of Diabetes Limits & Restrictions: Member may not be pregnant or on continuous glucose monitoring (CGM). Member will receive a total of two peripherals (glucometer, blood pressure cuff, or weight scale). Member can download app to their device or will be provided an iPad mini depending on their needs.
Enhanced Transportation	10 round trips (up to 60 miles total per round trip) per year via a transportation vendor to activities, such as job interviews, job training, shopping for professional attire, making a trip for food at a grocery store or food bank, and accessing community health services not otherwise covered.
	Eligibility Criteria: Members 18 and older and SKY Members ages 18-26 with employment, food, or transportation needs referred via case management Limits & Restrictions: 10 round trips up to 60 miles per round trip per year

	Aetna Better Health
	No-cost bonus benefits and services
Eyeglasses & Fittings	One free pair of eyeglasses every two years, including fittings. This value- added service will be provided to reduce vision distortion headaches, increase eye comfort, and improve quality of life. Eligibility Criteria: Members 21 years of age or older Limits & Restrictions: Limited to one pair of eyeglasses per enrollee every 2 years
GED Certification & Job Skills Training	Members will have access to a job skills training platform and the opportunity to discover near career paths, earn credentials and certifications, and highlight those skills to local employers actively looking for talent. Additionally, GED Certifications are also available. Once the student passes the GED online prep course, Aetna will provide a voucher to the student for use to take the GED exam which is good for one year. Eligibility Criteria: Members18 years of age or older Limits & Restrictions: 18-year-olds must have permission from school board and a parent or guardian to enroll in GED prep classes. GED vouche good for one year from issue date.
Getting on T.R.A.C.K. (Transition Ready Assistance & Core Knowledge)	Health literacy program that provides budgeting and basic life skills for children that transition out of care. The courses are taught in partnership with organizations that deliver different components of the curriculum. Eligibility Criteria: Members ages 18 – 26 years of age. SKY Members ages 12 - 26 Limits & Restrictions: N/A
Hearing Aids and Screenings	Adult members are eligible for an annual exam and one hearing aid per year with unlimited visits for hearing aid fittings. Eligibility Criteria: Members 21 years of age and older Limits & Restrictions: Exam and one hearing aid every 12 months or up to \$1600 every 12 months
Health Literacy Program	A suite of health literacy courses delivered in collaboration with our quality and community development partners for course facilitation who occasionally host community partners in Regions 3 and 5. Programs include a slow-cooking nutrition course and a Diabetes Nutrition course. SLOW COOKING NUTRITION: Slow-cooking nutrition is a free course taught at various venues throughout the community, consisting of a one or two class series. The course offers nutrition 101, wellness activities, healthy meals/recipes for a crock pot and Aetna benefits overview. The course focuses on nutritious and affordable meals using a slow cooker. At completion of the course participants receive an Aetna branded crock pot. Eligibility Criteria: All Members (virtual classes offered due to COVID pandemic) Limits & Restrictions: One crockpot for course completion
102 ©2023 Aetna Inc.	A free basic diabetes course taught at various venues throughout the communities in Regions 4 and 8, where need is high. It is offered as a 6-8-week series. Eligibility Criteria: All Members (virtual classes offered due to COVID pandemic) Limits & Restrictions: N/A

Aetna Better Health	
	No-cost bonus benefits and services
Home Delivered Meals	In partnership with GA Foods, an organization that cooks and delivers nutritious, medically appropriate meals to members with certain chronic conditions post-discharge. We also provide members with tailored nutritional counseling. This is a 4-12-week program with the goal of educating members on healthy eating, food preparation and more. Eligibility Criteria: CM referral for members with at least one of the following conditions: Diabetes, congestive heart failure, kidney disease, COPD, Malnutrition, or COVID diagnosis and currently in quarantine. Limits & Restrictions: Available post-discharge (up to 2 cycles)
Health Runs Deep	This is a 12-week program that offers members support as they take small steps to improve and manage their overall health. The program meets once a month for a total of 5 times (Session 0-4) and review topics that such as goal setting, food intake tracking, and how to read food labels. Eligibility Criteria: Members with Diabetes or pre-Diabetes Limits and Restrictions: Members under the age of 16 must have parent present during class.
"Keeping Kids Safe" Opioid Lock Box Program	This program is a part of Aetna's national campaign to fight the opiate crisis. This harm reduction intervention is used to support safety by providing members with a lockbox to secure their opioid medications. Eligibility Criteria: Members who are prescribed a medication and have children in their home Limits & Restrictions: One lockbox per household
Healthy You, Healthy Baby High Risk Pregnancy Program	This program is to support the health and well-being of high-risk pregnant members and their babies by providing at-home monitoring options such as a blood pressure cuff. Eligibility Criteria: Pregnant women at high risk of preeclampsia Limits & Restrictions: One blood pressure cuff
Momentum	This new program is designed to empower enrollee self-care by providing a curated menu of unique services and supplies tailored to address their medical and social needs. Qualifying members have a pool of funds available to use on these items and benefits through an electronic account accessible through the enrollee web portal, mobile application, or physical card. Eligibility Criteria: Members diagnosed with at least one of the following chronic conditions: diabetes, asthma, cancer, COPD, heart disease, or kidney disease and are enrolled in supportive or intensive care management Limits & Restrictions: \$375 per quarter
Monitor your blood pressure at home	All Members with a diabetes or high blood pressure can receive a blood pressure cuff to monitor their blood pressure at home. Eligibility Criteria: Members with a diabetes or high blood pressure diagnosis Limits & Restrictions: One blood pressure cuff
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Aetna Better Health No-cost bonus benefits and services		
Smoking and addiction recovery services	Programs are in place to provide tobacco cessation and behavioral health services as a covered benefit for members Eligibility Criteria: All Members Limits & Restrictions: N/A	
Smile KY Program	In partnership with the University of Louisville Dental School, will offer free mobile dental clinics and dental screenings, including dental kits (toothbrushes & floss) to elementary children in Region 3. Eligibility Criteria: Elementary children in Region 3 Limits & Restrictions: One clinic/screening per calendar year, Smile KY partners determine mobile dental benefit schedule	
Start Strong Re-Entry Program	Start Strong is a 90-day Jail Substance Use Diversion Program that provides members who are being released from incarceration with additional resources and support, as they transition back to their lives and communities. Each member is assigned a care manager and case management is provided for 90-days with 6 months of continued support; includes treatment, housing, state identification card, bus passes, and job training. Members who have been incarcerated statewide, with a focus on Kenton County Detention Center who are incarcerated or recently released will receive wrap around services and additional support to ensure substance use treatment without any gaps. Eligibility Criteria: Members who have been incarcerated statewide, with a focus on Kenton County Detention Center members who are incarcerated or recently released from a detention facility in the Commonwealth Limits & Restrictions: 90-days with 6 months of continued support	
Simple Necessities Vending Machines	To begin addressing some of the practical daily needs of these members, Aetna has set up a vending machine for basic needs utilizing a card-based access system that is located at Seven County Services. It contains transportation passes and personal hygiene items that include toothpaste and toothbrushes, shampoo and conditioner, body wash for men and women, deodorant, shaving kits, hairbrushes, socks for men and women, underwear, baby wipes, warm hats, Aetna drawstring bags, and Aetna water bottles. Eligibility Criteria: Homeless members Limits & Restrictions: Available only at Seven Counties Services, a Community Mental Health Center	



	SKY Program No-cost bonus benefits and services
Connections for Life	Aetna will provide a smartphone and wireless plan for eligible SKY members ages 13 – 17 years who are not in stable placement (placement with family or in a pre-adoptive or adoptive home) or a laptop for eligible SKY members ages 18+ years of age who are aging out and need a laptop. These tools enable our members to connect to iFoster's (vendor) online portal, which provides access to resources vital to sustaining their connections. The portal is a one-stop online assistive aid, which a member can access 24 hours a day, 7 days a week from any internet connection. It provides access to hundreds of free and discounted products and services that help with school, work, and life and is personalized based on their individual needs. Smartphone & Wireless Plan Eligibility Criteria: SKY members ages 13 – 17 years who are not in stable placement (placement with family or in a pre-adoptive or adoptive home) Limits & Restrictions: One phone and data plan per member Laptop Eligibility Criteria: SKY members ages 18-26 years of age
	Limits & Restrictions: One laptop per member
SKY Duffle Bag Program	Aetna will provide personalized duffle bags filled with personal hygiene items, supplies, and a blanket to SKY care members whose placements have changed from one home to another. Some items include shampoo, conditioner, journal, and coloring book. Eligibility Criteria: Members in SKY population who are transitioning from one home to another Limits & Restrictions: Once per calendar year
Birthday in a Box	Each child receives a "birthday in a box" that includes party supplies (e.g., paper goods, minimal party decorations), balloons, book/journal, puzzle/game, and a large cupcake. The Birthday in a Box is arranged and delivered by the SKY care manager. Eligibility Criteria: Members in SKY Limits & Restrictions: Once per year
Calming Comfort Collection	Members with high adverse childhood experiences (ACEs) score or an anxiety diagnosis can receive supplies to help calm the impact of trauma. Items include a sound machine, aroma therapy, light therapy products, and the choice of a sleep therapy kit including either a weighted Warmies plush Marshmallow Bear or a weighted pillow, LED night light and sleep mask. Eligibility Criteria: Members in SKY with a high adverse childhood experiences (ACEs) score or an anxiety diagnosis within the last 24 months Limits & Restrictions: \$50 worth of calming supplies per calendar year to use on the above listed available items.
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	SKY Program No-cost bonus benefits and services
YMCA Memberships (Individual/Family)	SKY members are eligible to receive YMCA memberships to promote better health and well-being. To access this benefit, they need to contact their case manager. Eligibility Criteria: Members in SKY population Limits & Restrictions: Once per calendar year
Language, Access, Communication, Empowerment, Support (LACES) Program	Upon referral from DCBS, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHID) and/or SKY Behavior Health Specialist, SKY members in out-of-home care who have been identified as deaf or hard of hearing will be screened for unidentified language access needs by an experienced Speech Pathologist. The screener will review available records to determine potential long-term impact of hearing loss on effective communication and access to treatment. Individuals identified as needing a more in-depth assessment of language acquisition and communication ability may receive a specialized Communication Skills Assessment. The evaluation will offer a comprehensive assessment and provide recommendations to address communication needs. SKY members identified as having no language or as using sign language can receive 1:1 support for themselves and those in their home environment via a Guide By Your Side.
	Eligibility Criteria: SKY members in out-of-home care identified as being deaf or hard of hearing. Limits & Restrictions: The number of members receiving screenings, assessments and Guide by Your Side services is limited, an referrals will be routed through the SKY Behavioral Health Specialist.



