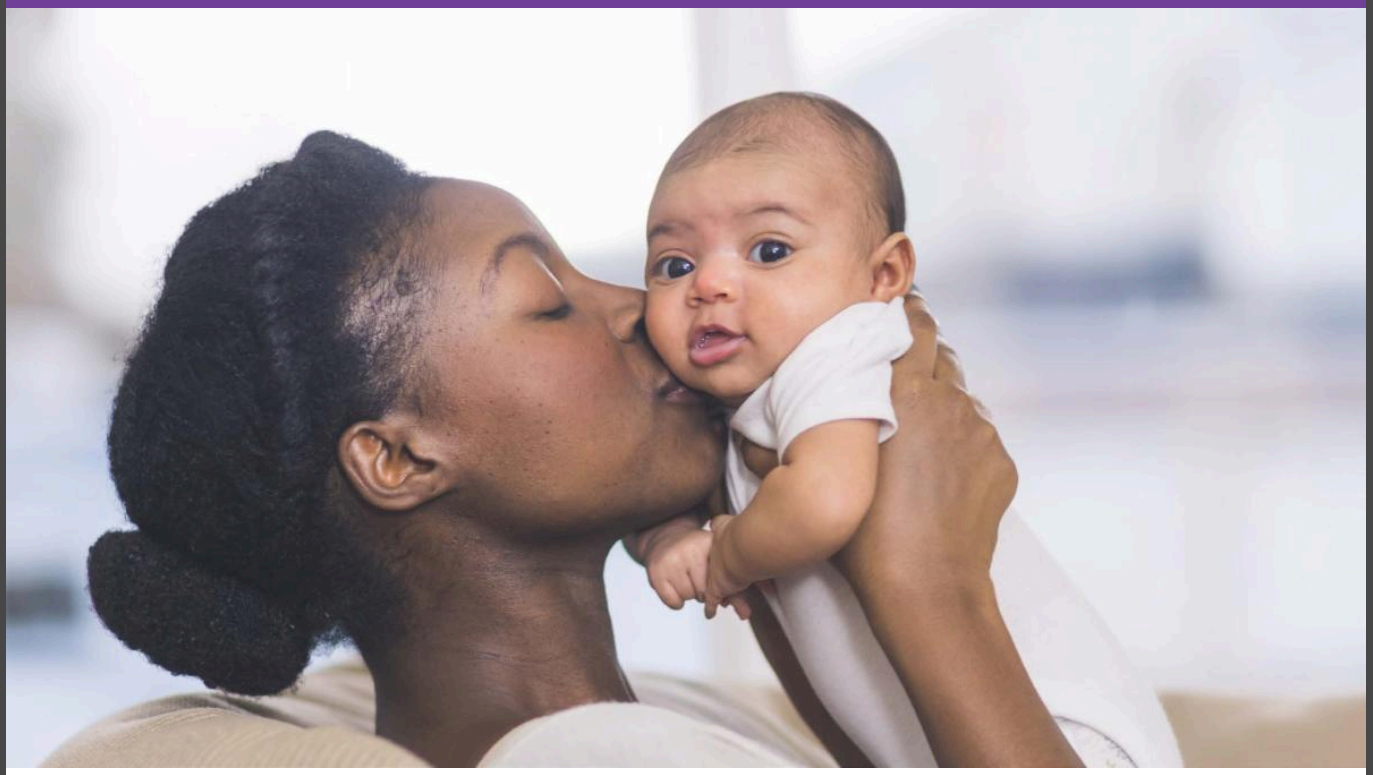
Aetna Better Health® of Kentucky

PROVIDER NEWSLETTER

2nd Quarter 2026



INSIDE THIS ISSUE

It's ALL ABOUT YOU!!!!

At ABHKY, we're committed to keeping you informed with the right information at the right time—tailored to your needs.

To help us serve you better, please take a moment to review and update the contact information for yourself and your organization by clicking the link below.

Thank you for helping us stay connected!

CLICK HERE

QUESTIONS??? We've Got Your Back

Our Network Relations
help center is always available at
1-855-300-5528 (TTY: 711).

To ensure continued access to care and compliance with regulatory standards, it is essential that all provider terms are submitted to the health plan in a timely manner. Timely updates help us maintain accurate provider directories and ensure network adequacy for our members.

Please submit all provider terms to **KYProviderUpdates@aetna.com** using our **Provider Change or Update Form (Form 100121)..**

Thank you for your partnership in supporting quality care and access for our members.

As our Network Relations Department resumes in-field operations, we encourage you to use the contact options below to ensure timely resolution of your inquiries.

Aetna Better Health of Kentucky Online Resources

Provider Website:

- Manuals, quick links, and more
  🔗 aetnabetterhealth.com/kentucky/providers

Availity Portal:

- Real-time enrollment, claims, eligibility, prior authorizations, grievances, and appeals
  🔗 apps.availity.com

ECHO Health:

- EFT/ERA setup
  🔗 enrollments.echohealthinc.com

Credentialing & Updates

- Email for applications, updates, terminations:
  🔗KyProviderUpdates@aetna.com

Contact Us Web Form

- Use for: Demographic changes, provider adds/terms, W-9s, etc.
  🔗Contact Us for Providers | Aetna Medicaid Kentucky
  You will receive a confirmation email + case number within 48 hours

Clams Assistance:

- Please email ***kyproviderrelations@aetna.com***. Please refer to the specific details in the article below.

Phone Support

- Call: 1-855-300-5528

- Press * for Healthcare Provider
- Choose: Claims, Appeals, Eligibility, Authorizations, or More Options
- “More Options” includes: Fraud, Pharmacy Help Desk, Provider Services

Aetna Better Health® Kentucky

Claim Reconsideration Request

The Claim Reconsideration option allows providers to request a review of a previously processed and finalized claim for certain non-clinical issues. This includes requests related to non-clinical denials, missing or corrected information, and reimbursement rate concerns.

We are actively working toward expanded electronic capabilities and encourage providers to begin using this updated submission method now. This process is intended for inquiries related to a claim that has already been processed.

Using this submission process allows you to:

- Submit all issues for a single claim in one request.
- Include all supporting documentation at the time of submission.
- Ensure visibility of submitted information across appropriate teams.

If you have multiple claims where the form becomes cumbersome, please send a request to the mailbox or your PR rep and they will respond with a spreadsheet for completion.

The fax option is available but not reccomended because of accuracy and tracking purposes.

Important reminders:

- Submit one form per claim.
- Required fields are marked with an asterisk (*).
- Be specific and include relevant details to support your request.
- Do not use this form for formal appeals—please continue to follow your standard appeals process.

CLAIMS RECONSIDERATION FORM

The Availity Portal offers secure online access to and the ability to manage business transactions through a single, easy to use site. Availity features include but are not limited to:

- Claim Submission and Status
- Eligibility and Benefits Search
- Authorization Request
- Case Management Link
- Grievance Submission
- Panel Roster

If your organization isn't registered with Availity, get started today at availity.com/ provider-portal-registration.

Aetna Better Health® of Kentucky

ACCESS AND AVAILABILITY

The following access and availability standards must be provided by all our participating providers.

PRIMARY CARE PHYSICIANS

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; on-call MDs)	24 hours a day; 7 days a 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 Emergency	Within 6 Hours
inpatient Follow-Up	Within 7 Days
Initial Routine Care	Within 10 Business Days
Routine Care Follow-Up	Within 30 Days
Missed Inpatient Appointment Follow-Up	Within 24 Hours
After-Hours Care (answering service; on-call MDs)	24 hours a day; 7 days a week

ALL

Urgent Care	Within 48 Hours

GENERAL DENTIST SERVICES

Regular Care	Within 3 Weeks
Urgent Care	Within 48 Hours

GENERAL VISION, LAB AND X-RAY SERVICES

Regular Care	Within 30 Days
Urgent Care	Within 48 Hours

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 members.

Network Relations randomly selects and surveys providers after their normal business hours to monitor compliance. Providers who do not meet the criteria for after-hours access will be contacted by Network Relations. Continued non-compliance will result in formal corrective action.

Management of After-Hours Access to Services

Provider after-hours on-call services: As stated above, providers are required to provide and maintain after-hours **on-call coverage** with participating providers **24 hours a day, 7 days a week.** Calls must be returned to a member within a maximum of thirty (30) minutes.

Aetna Better Health 24-hour nurse line: 1-855-620-3924

The Aetna Better Health 24-hour nurse line is available to all members to assist with questions regarding medical concerns. The 24-hour nurse line will assist members in obtaining emergency services.

Aetna-1885

Aetna Better Health® of Kentucky

HEDIS TOOLKIT

Helping you to close your gaps in care.

What is HEDIS®?

Healthcare Effectiveness Data and Information Set

We use HEDIS scores to measure our performance, determine quality initiatives and provide educational programs for you and for our members. You can use HEDIS scores to monitor your patients' health, identify developing issues and prevent further complications.

What is HEDIS® used for

The National Committee for Quality Assurance (NCQA) coordinates HEDIS testing and score keeping HEDIS® includes more than 90 measures across 6 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

Options for Submitting Supplemental Data

- Secure Provider Web Portal / Availity
- Fax: 855-415-1215
- Mail: Aetna Better Health of Kentucky 9900 Corporate Campus Dr Ste 1000 Louisville, KY 40223
- Email: send securely to **KentuckyAetnaBetterHealth_HedisFax@aetna.com**

Click below for best practice and easiest way to close gaps in care, please use NCQA approved claims coding found in your HEDIS toolkit measure sheets.

HEDIS® Measurement Year 1 2026 HEDIS® Toolkit

Don't Forget....

You can stay up to date on the latest provider news and helpful info.

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

Aetna Better Health® of Kentucky

Appeal and Grievance

REMINDERS

Where to send Claims Correspondence and requests for Appeal and Grievance.

Claim Resubmissions for Correction or Reconsideration
Resubmission of a corrected claim or resubmission of a claim with the missing documentation to meet clean claim criteria. If you are mailing hard copy claims or claim resubmissions for reconsideration, please direct those to:

Aetna Better Health of Kentucky
Attn: Corrected Claims
PO Box 982969
El Paso, TX 79998-2969

Claim resubmissions for correction or reconsideration should be clearly marked on the envelope and the first page of the request.

Appeals and Grievances
Whenever possible please submit your appeal, complaint or grievance electronically. It is preferred that you submit appeals through the Availity provider portal using the direct application:

https://apps.availity.com/availity/web/public.elegant.login

or you may submit by fax to: **855-454-5585.**

If you prefer to mail hard copy requests for appeal, complaint or grievance, they must be sent to

Aetna Better Health of Kentucky
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

ADDITIONAL A&G REMINDERS:

Separate Request for Each Member
- Providers must submit an individual appeal or grievance for each member.

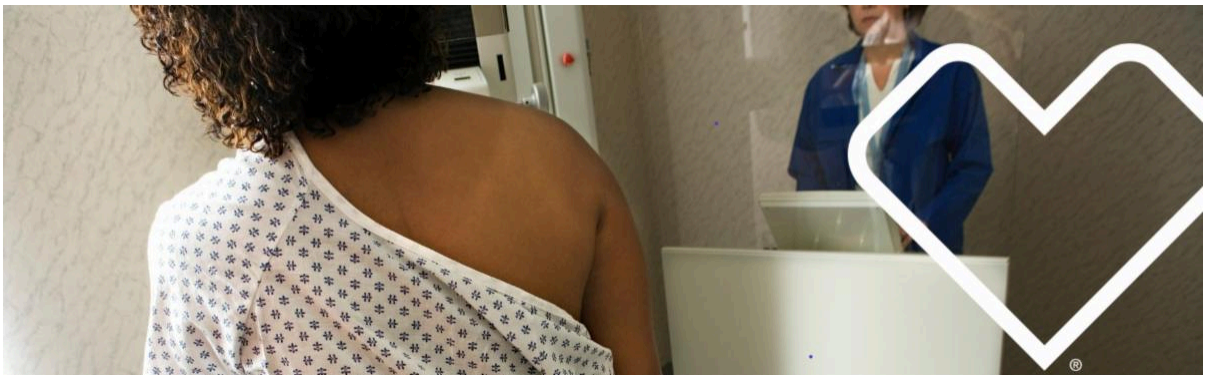
Use the Correct Form
- Appeal and Grievance forms are available and should be used for each request.

Clearly State the Request and Reason
- Include a detailed explanation of the dispute and the reasoning behind it.

Include Claim Numbers
- List all claim numbers that need attention for the member.

Attach Medical Records if Needed
- If medical records are required for review, they must be included with the request.

Provide Contact Information
- Include:
  - Contact person's name
  - Phone number
  - Address for decision letter (if different from provider's address)



Aetna Better Health® of Kentucky

Medicaid Precertification Updates for DME

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, Aetna Better Health of Kentucky would like to share important updates to our PA requirements.

Our goal is to reduce administrative burden, simplify submission and approval processes, and support timely access to appropriate, high-quality care for our members. This is a prior authorization (PA) update only. There are no changes to reimbursement rates, payment methodology, or Kentucky DMS Fee Schedule (FS) amounts. These updates affect authorization requirements only and do not impact provider payment.

Summary of Updates

We are implementing updates to create a more uniform set of prior authorization requirements for Medical Supplies, Equipment, and Appliances (MSEA) codes (also referred to as DME).

These updates include:

- System updates to better align with Kentucky DMS Fee Schedules
- Removal of certain prior authorization parameters for Place of Service (POS) 12, where appropriate
- Updates to PA requirements for select MSEA/DME codes to reduce confusion and streamline review
- Expanded ability to submit prior authorization requests through Availity
- Support for future efforts to expand real-time responses for PA requests

What Providers Should Do

We strongly encourage all providers to:

- Confirm prior authorization and limit requirements prior to rendering services
- Use ProPAT, our online prior authorization search tool, to verify PA requirements
- Review variance and service partner details when applicable

You can access ProPAT and additional PA guidance on our provider website:
AetnaBetterHealth.com/Kentucky/providers/prior-authorization.html

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Medical
Phone: 1-888-725-4969
Fax: 1-855-454-5579

Behavioral Health
Phone: 1-855-300-5528
Fax: 1-855-301-1564

Pharmacy: MedImpact
Phone: 1-844-336-2676
Fax: 1-858-357-2412

Concurrent Review Inpatient Medical Requests -
Fax: 1-855-454-5043
Phone: 888-470-0550
Submission also available through Availity

SKY Medical: 1-833-689-1422
SKY Concurrent Review:1-833-689-1423
SKY Behavioral Health:1-833-689-1424

Psychological Testing: 1-844-885-0699

Retro Review
Phone: 1-888-470-0550, Opt. 8
Fax: 1-855-336-6054

Vision (Avesis)
1-855-214-6777

Dental (Skygen)
1-855-454-0061

Radiology/Pain Management (eviCore)
1-888-693-3211

Aetna Better Health® of Kentucky

Health and Care Management

To support collaborative care management with provider partners and reduce care fragmentation, the health plan and participating providers will share responsibility for delivering coordinated, patient-centered care. Each party will work collaboratively to ensure timely communication, clear accountability, and seamless transitions across care settings in support of patient outcomes and experience. Roles and responsibilities are outlined below and will be reviewed at least annually or when processes change. This collaborative approach is intended to help reduce patient frustration, improve accountability, and support improved health outcomes.

Role / Function	Health Plan Responsibilities	Provider Partner Responsibilities

Designated Point of Contact	Assign care management contact(s) and provide contact information.	Assign practice contact(s) and ensure availability for coordination activities and timely response.
Identification & Outreach	Identifying populations and stratifying members based on risk, clinical needs, and social drivers of health.	Support outreach by validating member status, encouraging engagement, and coordinating with the member's care team as needed.
Referrals to Care Management	Maintain a defined referral intake process and confirm receipt, triage, and assignment. Communicate enrollment status and next steps to the provider partner.	Refer eligible members using the defined process and provide relevant clinical context.
Care Plan Development & Updates	Develop an individualized care plan with the member / caregiver and share relevant care plan components and goals with the provider partner.	Engaging patients in recommended care plans and reinforcing care management interventions.
Documentation & Sharing Information	Maintain documentation of care management activities and communicate relevant updates to provider partners consistent with privacy, consent, and data-sharing requirements.	Accurately document care coordination and follow up activities in the medical record and provide requested clinical information to support coordinated, patient-centered care.
Social Determinants of Health (SDOH) Coordination	Provide SDOH resource navigation and community referrals.	Screen for social risks when appropriate; coordinate referrals and document outcomes.
Gaps in Care Coordination	Communicating care gaps and care management engagement status to provider partners.	Review care gap reports shared by the health plan and take appropriate clinical action within the scope of practice.
Transitions of Care	Coordinate post-discharge outreach, medication reconciliation support, and share discharge-related information with provider partners when available.	Schedule timely follow-up visits, review discharge instructions and reconcile medications as clinically appropriate.

How reach the ABHKY CM Team:

Contact Medicaid Member Services at **1-800-635-2570** and simply ask for Care Management or email: **CCofKYCaseMGMT@aetna.com**

Aetna Better Health® of Kentucky

Bringing Support

with Community Health Workers, Integrated Care Management and Shared Decision Making

Community Health Workers

Aetna Better Health of Kentucky employs Community Health Workers (CHWs). Our CHWs are members of the community who serve as a bridge between the member and the healthcare system through outreach and education. Their role is meant to facilitate access to services and improve the quality and cultural competence of service delivery.

For questions about how to access Aetna CHW services email us at **PHM_ABHKY@aetna.com**.

Integrated Care Management

If you have patients that need care management or if you have any questions about these services, call Member Services at 1-855-300-5528, Monday through Friday 7 AM to 7 PM Eastern time and ask to speak to Care Management.

Shared Decision Making (SDM)

SDM is not about information but conversations, not about empowerment or choice, but to respond well to patient problems. Shared decision-making aids are communication tools used as a way for providers and patients to make informed health care decisions based on what is important to the patient. They do not replace physician guidance but are intended to help complement the discussions between patients and physicians on treatment decisions.

Purpose: To create care that best responds medically, practically, emotionally, and existentially to each patient's problems

- Personalize care with person centered care conversations

- Develop a partnership based on empathy, exchanging information about the available options,
- Deliberate while considering the potential consequences of each one,
- Make a decision by consensus

Below are evidence-based aids from Mayo Clinic Shared Decision Making National Resource Center that provide information about treatment options, lifestyle changes, and outcomes that can be used during a clinical encounter.

- **Mayo Clinic | Care that fits**
- **Statin Choice | Mayo Clinic**
- **Depression Medication Choice | Mayo Clinic**
- **Cardiovascular Primary Prevention Choice | Mayo Clinic**
- **My Life My Healthcare Toolkit and Conversation Guide**

Aetna Better Health® of Kentucky

SKY

Supporting Kentucky's Youth

SKY members receive their coverage and extra benefits through Aetna Better Health of Kentucky. Our care management team includes nurses and social workers. We'll work with health care providers, agencies and others to get your child the services they need. We can help make appointments and discuss your child's care with their doctor. We can also help families find their way and make it easier to get the resources they need.

The SKY program serves children:

- In foster care, adopted from foster care or formerly in foster care
- Placed with fictive kin (person not related by blood but who has a meaningful and positive relationship with a child)
- Dually committed to the Department for Community Based Services (DCBS) and the Department of Juvenile Justice (DJJ)
- DJJ youth eligible for Medicaid

We directly support members, foster parents, adoptive caregivers, community partners and workers from DCBS and DJJ.

DCBS approves eligibility for the SKY program. Not sure if you're eligible? Just call your local DCBS office at 1-855-306-8959. You can also find out if you qualify for programs like Medicaid or the Kentucky Children's Health Insurance Program (KCHIP).

Just visit the
Assistance and Support Programs for Kentuckians website.

Trainings to support our Providers

The Aetna® provider network is designed to support the complex needs of SKY members beyond traditional facilities, clinics and providers.

It also includes community advocates, peer support, specialty pharmacies and family/caregivers. Our network of hospitals and specialists, including both physical and behavioral health providers, serves as the foundation to meet the needs of SKY members.

We offer **special trainings** to providers serving SKY members. We'll help you understand how to serve our members receiving adoption assistance or Involved with the Department of Juvenile Justice. These training are also available upon request to any network provider.

Please reach out to Michelle Marrs, **marrsm@aetna.com** for additional SKY information or to schedule trainings for your individual group or practice.

For additional information on SKY, please visit:

https://www.aetnabetterhealth.com/kentucky/supporting-kentucky-youth.html

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Welcome to SKY for Providers -

- This training includes a high level overview of the SKY program and how provider collaboration is key to making systematic change in the foster care system.

2nd Thursday each month 11am to 12pm EST

New Provider Orientation, includes SKY -

- This training is for all new providers. It will include an overview of billing, claims processing, prior authorizations and more. It also includes the Sky overview piece.

3rd Thursday each month 10:30am to 12pm EST

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

News and Events

Cultural Competency Training

Recognizing that members have diverse views is critical to meeting their needs. The cultural factors that will likely impact your relationships with members include age, gender identity, language, religion, and values, to name a few. It's important to respect and respond to members' distinct values, beliefs, behaviors and needs when caring for them.

Cultural Competency Trainings are available quarterly or upon demand to any group that wants to schedule. Please visit the News and Events button above for scheduling.

“All young people, regardless of what they look like, which religion they follow, who they love, or the gender they identify with, deserve the chance to dream and grow in a loving, permanent home.”
— President Obama, National Foster Care Month 2015 Presidential Proclamation

Learn More About SKY

CONNECT WITH US
AND JOIN THE CONVERSATION

Don’t Forget

Send any Provider Directory Updates to
kyproviderupdates@aetna.com

· NEW OFFICE ADDRESS
· NEW OFFICE PHONE NUMBER
· CHANGES IN PANEL INFORMATION

We rely on your communication of changes to keep our directory updated.