



Help Us Overcome COVID Vaccine Hesitancy

Our members trust their primary care physician or medical provider more than anyone else when it comes to information related to the safety and efficacy of vaccines according to a poll conducted by the Foundation for a Healthy Kentucky. Vaccine misinformation is literally putting lives at risk with two-thirds of unvaccinated adults believing false information about the safety of vaccines. That is why we need your help to address vaccine hesitancy in the Medicaid population.

The rate of COVID-19 vaccination among Kentucky Medicaid recipients falls far below the state average. The vaccination rate for eligible populations in Kentucky is over 50% while less than 30% of Medicaid recipients have received at least one dose. This is concerning given the fact that 1 in 3 Kentuckians receive Medicaid benefits. Reaching herd immunity in the state of Kentucky will be nearly impossible if we do not address misinformation in the Medicaid population.

Common reasons among our members for not receiving the COVID-19 vaccine include:

- Previous diagnosis of COVID-19 and do not feel they need it
- Their provider allegedly told them they did not need it
- They are concerned about the side effects
- The spread of false health information about the vaccine which has created hesitancy and reluctance (continued on next page)

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Help Us Overcome COVID Vaccine Hesitancy (continued from previous page)

The Kaiser Family Foundation followed a cohort of vaccine hesitant individuals for six months and found that 21% of adults who originally did not intend on becoming vaccinated and later changed their minds, did so because they were persuaded through discussions with their providers.

We need your help to engage our members in conversation about the safety and efficacy of the COVID-19 vaccine particularly in light of the more virulent and contagious Delta variant.

Ways that you can help as a provider.

- 1. Promote open and honest dialogue with your patients around their fears and hesitancy toward the COVID-19 vaccine.
- 2. Partner with ABHKY to encourage vaccines by hosting a vaccine clinic or event. Please reach out to PHM_ABHKY@aetna.com to begin the conversation.
- 3. Inform Aetna Better Health members of our incentive for being vaccinated.
 - We are offering ABHKY members who are ages 16 and older \$100 in Visa Gift Cards to be fully vaccinated.
 - When a member receives:
 - First dose of Pfizer/Moderna = \$50 Visa Gift Card
 - Second dose of Pfizer/Moderna = \$50 Visa Gift Card
 - One dose of Johnson & Johnson = \$100 Visa Gift Card
 - Member will automatically receive \$50 Visa Gift Card based on the confirmation of vaccine; if Aetna can confirm the member received the Johnson & Johnson vaccine, an additional \$50 Visa Gift Card will be sent to the member (the total incentive for Johnson & Johnson equals \$100).
 - Members ages 12 15 are now eligible for a \$25 Visa Gift Card if they are fully vaccinated.
 - We will use the State's registry and claims data to identify members who should receive this incentive

https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-in-their-own-words-six-months-

later/ https://www.kff.org/coronavirus-covid-19/perspective/persistent-vaccine-myths/

https://heartbeat.cvshealth.com/documents/preview/600436/Dr%20Qs%20Top%20Ten%20C0VID-19%20Insights



Provider Training Collaborative

Aetna Better Health of Kentucky is committed to providing accessible, high quality service to our members in Kentucky, and we realize this can only happen with the partnership of our providers. You've told us what's important to you. And we listened. Through your feedback, we continually update our processes and flow of information. We have recently implemented a Provider Training Collaborative. This collaborative allows for the opportunity to get boots on the ground input from providers on any gaps in training or education needed throughout your scope of work. By taking your input and combining resources from across the Commonwealth this should allow delivery of most up to date trainings and information on issues that concern us all. This also aligns for the development of needed curriculum or programming. Please reach out to Michelle Marrs marrsm@aetna.com if you would like to be involved in this workgroup. The meeting is scheduled the third Wednesday of every month from 1pm-2pm EST.



Reminder: Virtual Office Hours Times

We would also like to invite you to our bi-weekly Virtual Office Hours. Virtual Office Hours provides a space for providers to learn about managed care and the Kentucky SKY model. There is also be time allotted to ask questions, provide feedback, and address any concerns. This very informal, open forum is yet another opportunity to increase our partnership with you. These meeting are held every other Thursday from 11am – 12pm EST. Please reach out to Michelle Marrs marrsm@aetna.com if you would like an invite. The sign in information can also always be found on our web site at: https://www.aetnabetterhealth.com/kentucky/news-events.html



Prior Authorization Assistance

Weekly we review appeals sent by our providers, which enables us to see trends for types of services that appear most often. Here are a few of those along with an explanation of what could be the reason for the initial denial:

- 1. Physical Therapy visits: This service must have a prior authorization on file to pay the first time. Please include the following with the request for service:
 - 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
- 2. Skilled Nursing Visits: This also requires a prior authorization before service begins.

Please note that we allow our providers to submit a request for any service that is medically necessary within 7 days of the service being performed. A complete and current listing of authorization requirements can be found on the Availity platform at https://apps.availity.com/availity/web/public.elegant.login. If you have questions, please reach out to our member services team at 1-855-300-5528 M-F, 7 a.m. – 7 p.m.



SKY Performance Improvement Project

Did you know that over the last 30 years, the rate of childhood obesity has more than doubled, and the rate of adolescent obesity has quadrupled? According to data from 2011 – 2021, the American Academy of Pediatrics reported that 34.5% of children from 12-19 years of age are overweight or obese, a number that is taking a toll on the overall health of our youth. Our goal through this project is to bring awareness to our provider community about these statistics as well as increase documentation and counseling for nutrition and/or physical activity in order to help treat our members within the SKY population that are currently either overweight or obese. We've included some documentation tips and codes that count towards the HEDIS measure.



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

What is Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)?

WCC is a HEDIS measure that provides information on the percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Which billing codes can be used for WCC services?

1. Pediatric BMI percentile

- Less than 5th percentile for age: Z.68.51
- 5th percentile to less than 8th percentile for age: Z68.52
- 8th percentile to less than 95th percentile for age: Z.68.53
- Greater than or equal to 95th percentile for age: Z68.54

2. Counseling for nutrition

- ICD-10 CM Code: Z71.3 (Dietary counseling and surveillance)
- CPT Codes: 97802-97804
- HCPCS: G0270, G0271, G0447, S9449, S9452, S9470

3. Counseling for physical activity

ICD-10 CM Code: Z02.5 (Sports physical), Z71.82 (Exercise counseling)

Source:

Golden, N.H, Schneider, M., & Wood, C. (2016). Preventing Obesity and Eating Disorders in Adolescents. *Pediatrics, 138*(3). doi: 10.1542/peds.2016-1649

UPDATES FOR 2021

- Member reported biometric values (BMI, height, & weight) now acceptable
- Synchronous telehealth services now meet criteria
 (Telehealth modifiers: 95, GT)



As you are aware, EPSDT (Early, Periodic, Screening, Diagnosis and Treatment Services) is an important federally mandated program to make sure our children receive the care they need, especially before any concerns become long term health issues. These screenings provide routine physicals or well child check-ups at specified age ranges.

As a reminder, children should receive health check-ups regularly on 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; 3 years; 4 years; 5 years; 6 years; 8 years; and once a year for ages 6-20.

At these screenings' children should be receiving their vaccinations and that includes our adolescent population.

Vaccine	Vaccine guidelines	Coding tips
Tdap vaccine	One dose between the 10 th and 13 th birthday	CPT Code: 90715 ICD-10 Code: Z23
Meningococcal Conjugate Vaccine	One dose of meningococcal serogroups (MenACWY-D or MenACWY-CRM) vaccine between the 11 th and 13 th birthday	CPT Code: 90734 ICD-10 Code: Z23
HPV Vaccine	Either two doses of HPV vaccine between the 9 th and 13 th birthday with at least 146 days between doses; OR three doses with different dates of service between the 9 th and 13 th birthday	CPT Codes: 90649, 90650; 90651 ICD -10 Code: Z23

All eligible members should receive EPSDT services in accordance with state guidelines. We have included the vaccinations due during the adolescent years for your reference. A complete list of components required to meet the EPSDT regulations can be found in our Provider Manual. We can also train your office on requirements for the EPSDT program, please call member services at **1-855-300-5528** and ask to speak with the EPSDT coordinator for more information.



Collaborate with Aetna Better Health to Integrate 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's 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's improve your patient's health and wellbeing by collaborating across disciplines today.



The past year has highlighted the importance of vaccines and keeping not only ourselves safe and healthy but those we encounter. As health care professionals we play a pivotal role in educating our parents, patients, and caregivers the value and importance of preventive health. Aetna Better Health of Kentucky is working with Kentucky American Cancer Society and the National HPV Vaccination Roundtable to answer some frequently asked questions and dispel some common myths regarding the HPV vaccine.

The following are guidelines for the HPV vaccine:

Adolescents who have completed the HPV vaccine series by their 13th birthday.

Adolescents who have completed at least two HPV vaccines, with dates of service at least 146 days apart on or between the child's 9th and 13th birthdays; or at least three HPV vaccines with different dates of service on or between the child's 9th and 13th birthday.

Helpful Hints	HPV Coding Tips
Educate staff to schedule prior to the 13 th birthday	CPT Codes 90649, 90650, 90651
Educate families on the importance of this immunization	
Document and submit claims timely with correct code	CVX Codes 62, 118, 137, 165
HPV rates are now reported for both females and males	

Please take a moment to view videos provided by National HPV Vaccination Roundtable:

HPV Video 5: Is the HPV Vaccine Safe https://vimeo.com/showcase/7675181/video/449934540

HPV Video 6: What Advice Do You Have for Providers https://vimeo.com/showcase/7675181/video/449935033

HPV Video 7: Is the HPV Vaccine for Boys or Girls https://vimeo.com/showcase/7675181/video/449934508

HPV Video 8: What is the Age Range for the HPV Vaccine https://vimeo.com/showcase/7675181/video/449935246



Integrated Care Management (ICM)

If you have patients that need ICM or if you have any questions about these services, call Customer Services at 1-855-300-5528, Monday through Friday, 7 a.m. to 7 p.m., EST. Just ask to speak with a case manager (CM). Involvement in the ICM program is voluntary. Members have the right to opt out of the ICM program at any time.

Clinical Practice Guidelines

New Behavioral Health Practice Guidelines have been added for 2021. See the list posted here BH Clinical Practice Guidelines. You will also be able to review our physical health clinical practice guidelines and the criteria Aetna uses to determine medical necessity.

Network Notice on Credit Balances

Beginning on August 15, 2021, Aetna Better Health of Kentucky is adopting a program of periodically reviewing hospital credit balances. This program was developed to improve the quality of our services and fulfill our responsibilities to our customers that will require little or no time on the part of your staff.

To this end, Aetna Better Health of Kentucky authorizes CDR Associates, an affiliate of Conduent, to review any medical claim(s) paid to hospitals or medical facilities for the purpose of determining whether Aetna Better Health of Kentucky is due any overpayments.

Aetna Better Health of Kentucky has also requested that CDR Associates recover refunds of any such overpayments and facilitate the necessary adjustments of any underpayments.

Aetna Better Health of Kentucky authorizes CDR Associates access, and/or to request access on behalf of Aetna Better Health of Kentucky, to any patient medical or financial records that are required to complete any review. This access should be to the same extent and under the same authority as though Aetna Better Health of Kentucky on its own would have access and/or be able to request such access.

CDR Associates is a "Business Associate" of Aetna Better Health of Kentucky as defined in 45 C.F.R. §164.103 (HIPAA). A Business Associate Agreement exists between CDR Associates and Aetna Better Health of Kentucky and is valid until 12/31/2018 or until further written notice. CDR Associates conducts payment operations on behalf of Aetna Better Health of Kentucky as defined by 45 C.F.R. §164.501 (1)(i) as it pertains to determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts). Disclosure of protected health information is permitted pursuant to 45 C.F.R. §164.502 and in accordance with 45 C.F.R. §164.506. As this is a permitted disclosure, please respond to any requests for information, including personal health information, requested by CDR Associates.

Credit balance overpayments identified as a result of these reviews and requested by CDR Associates should be made payable to Aetna Better Health of Kentucky and forwarded to the following address:

Aetna Better Health of Kentucky C/O CDR Associates PO Box 62179 Baltimore, MD 21264-2179

If you have any questions or need additional information on this program, please feel free to contact Elizabeth Welsh of CDR Associates at **410-560-6700 ext. 1218**, or your Provider Relations Representative at **1-855-300-5528**, Monday through Friday, 8 a.m. to 5 p.m., ET.

We regularly augment our clinical, payment, and coding policy positions as part of our ongoing policy review processes. To keep our providers informed, please see the below chart of upcoming new policies.

<u>Readmissions</u> - Per our policy, located in the 2021 Provider Manual, If the member is readmitted, the provider should submit a corrected claim inclusive of the original and second admission with leave of absence codes during the timeframe the member was not admitted. Upon receipt of the corrected claim, Aetna will retract the original payment and consider the new corrected and comprehensive claim for payment. Note that that authorizations for a member readmission will be denied under the previous stay which occurred within the last 14 days.

Questions?

Simply contact your Network Relations Manager. Our most current listing can be found on our website.

Network Relations Contact Information & Coverage Areas

Aetna Better Health of Kentucky takes great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service. We are committed to making sure our providers receive the best and latest information, technology, and tools available to ensure their success and their ability to provide for our members. We focus on operational excellence, constantly striving to eliminate redundancy and streamline processes for the benefit and value of all our partners.

Our Network Relations Team is assigned to designated areas throughout the state and are located within the communities in which they serve. This team is dedicated to meeting the needs of you, our providers. We are subject matter experts and are available to providers for education, training, and support. We assign every participating provider a Network Manager.

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.

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

General forms, ERA enrollments, or general questions can be sent to KYProviderRelations@aetna.com

Supporting Kentucky Youth, SKY Liaison Statewide



Michelle Marrs
Network Relations
Manager, SKY Liaison
859-221-4737
MarrsM@Aetna.com



Supporting Kentucky Youth - Statewide

Behavioral Health Providers Region 3

All Regions - Community Mental Health Centers

Dustin Johnson
SKY Network Manager
502-648-6526
Johnsond38@Aetna.com

Behavioral Health Providers

Region 5 Region 6 Region 7 Region 8



Holly Smith
Network Relations Manager
815-641-7411
Smithh3@Aetna.com



Association of Primary Care Physicians Community of Health Partners Cooperative Care Network Ephraim McDowell Kentucky Primary Care Association The Physicians Network

Becky Marcum

Network Relations Manager 606- 350-0579 marcumr@aetna.com

Baptist Health System
King's Daughters Medical System
LifePoint Health System
Norton Healthcare System
St. Claire Medical Center
University of Kentucky System
University of Louisville System



Trista Gibson
Network Manager
606-305-2705
GibsonT1@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



Gina Gullo Network Relations Manager 502-612-9958 Rlgullo@Aetna.com

Providers in the state of Indiana



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

Connie Edelen Network Relations Manager 502-240-2122 Czedelen@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



Sammie Asher Network Relations Manager 606-401-1573 Ashers@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

Becky Bowman
Network Relations Manager
502-214-0399
BowmanB@Aetna.com

All other states excluding: IN, OH, TN, VA, & WV

Region 6
Boone, Campbell, Gallatin, Grant, Kenton, Pendleton
CHI Saint Joseph Medical Group (Kentucky One)

Providers in the state of Ohio and West Virginia



Jacqulyne Pack
Network Manager
606-331-1075
Jmpack@Aetna.com



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

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

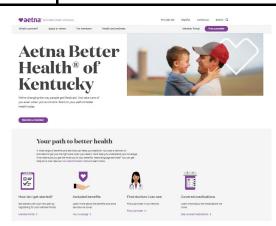
Krystal Risner Network Manager 606-687-0310 Risnerk@Aetna.com

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 memberhandbook, provider manual and the formulary on the health plan website Visit the Website at: AetnaBetterHealth.com/Kentucky



Availity

Aetna Better Health of Kentucky is excited to have transitioned from our Provider Portal to Availity. This transition allows for an increase in digital interactions available to support you as you provide services for our members.

Functionality examples include:

Eligibility and member benefits look up EFT registration Claim status look up Online claim submission

PA submission and look up

Grievance and appeals submission

Visit Availity at: https://apps.availity.com/availity/web/public.elegant.login