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# AETNA BETTER HEALTH® OF KENTUCKY

## PROVIDER NEWSLETTER

VOLUME 2, ISSUE 1 • SPRING 2017

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## POSITIVE OUTCOMES

John is a 44 year old male who was referred from a specialty provider to our Case Management (CM) team for education and assessment of care needs related to his diagnosis of Hep C. John was assigned to our care manager, Mary, and she requested support for his Hep C diagnosis prior to submission of a prior authorization request for medication.

In addition to his diagnosis of Hep C, John also has history of positive drug screen. John reported to Mary that he was experiencing increased anxiety and panic attacks. He also was diagnosed with hyperlipidemia and had questions about necessity for continued mediation therapy for this condition. Mary presented John's case to Multi-disciplinary Case Rounds, including specialty provider and health plan staff. Team recommendation was for Mary to assist member with these issues before requesting medication authorization.

To assist John in resolving his medical issues, he was given coordinated care with his PCP for evaluation and treatment of anxiety and cholesterol. Support and education provided was given to John on stress management techniques. Mary addressed John's substance use and with his input, goals were created for John to practice abstinence from his substance abuse.

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## JUST A THOUGHT—A MESSAGE FROM OUR CMO

Welcome to the latest edition of our provider newsletter. This quarter's edition brings several informational updates which will keep you up to date regarding our ongoing changes. From our Health Services team, we present to you several successes and opportunities around our Care Management programs. Our philosophy is to utilize Care Management as a means for improving member's health and wellness. Our goal is to help the member navigate Social Health Determinants through optimization of their self-management and functional capability. This is achieved through a collaborative process that utilizes assessments, planning, advocacy, communication and education. Care Management connects members with appropriate providers and resources throughout the continuum of health care settings, while ensuring that the care provided is safe, effective, efficient, and individualized. This approach insures quality and cost effective interventions and outcomes, while delivering an enhanced individualized experience to the member.

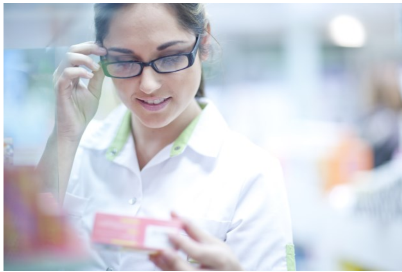
We hope you find this newsletter informative. Please reach out to us if you have any questions or concerns.

Best Regards,

*David M. Hiestand, MD*

David M. Hiestand, MD
Chief Medical Officer
Aetna Better Health of Kentucky

# ORDERING, REFERRING, PRESCRIBING REQUIREMENTS



Effective **April 1, 2017**, Aetna Better Health of Kentucky implemented the requirement of the Center of Medicaid Services (CMS) for the Patient Protection and Affordable Care Act, that requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe, and refer items or services for Medicaid recipients. This requirement applies to those ordering, referring, and prescribing provider who are enrolled with the contracted Medicaid Managed Care Organizations.

This change is designed to ensure that all orders, prescriptions and referrals for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have not been excluded from participation in Medicaid. The change requires providers to include the CMS Final Rule mandate that if items or services are ordered, prescribed or referred by a resident or teaching physician, they must be identified on the claim by his or her legal name and National Provider Identifier (NPI), and he or she must be an enrolled Medicaid provider.

**The providers that are eligible to be ordering, referring, prescribing or attending providers are:**

| Provider Type | | Provider Type | |
|---|---|---|---|
| 60 | Dentist | 78 | Certified Nurse Practitioner |
| 64 | Physician | 80 | Podiatrist |
| 74 | Nurse Anesthetist | 85 | Chiropractors |
| 77 | Optometrist | 95 | Physician Assistant |

| Provider Type | All Services Billed By: | Provider Type | All Services Billed BY: |
|---|---|---|---|
| 18 | Private Duty Nurse | 76 | Multi-Therapy Agency |
| 36 | Ambulatory Surgery Center | 79 | Speech Language Pathologist |
| 37 | Independent Lab | 86 | X-Ray/Miscellaneous Supplier |
| 50 | Hearing Aid Dealer | 87 | Physical Therapist |
| 52 | Optician | 88 | Occupational Therapist |
| 70 | Audiologists | 90 | DME Provider |
| **Provider Type** | **All Crossover Services Billed By:** | | |
| 54 | Pharmacy | | |

The entry of Ordering or Referring Provider is required if the service is ordered or referred. However, from an encounter editing standpoint an ordering **or** referring provider must be entered by the following provider types:

Provider type 34, Home Health Agencies, (and all other providers submitting on the UB-04) is still required to submit an Attending Provider on all of their encounters.

This requirement also applies to out-of-state ordering, referring, and or prescribing providers. These providers must also be enrolled in Kentucky Medicaid for services to be paid by Fee for Service (Traditional) Medicaid and with the contracted managed care organizations, should services be provided to impacted Medicaid recipients.

This requirement was implemented beginning **April 1, 2017** and is applicable to all claims with dates of service beginning on that date and going forward. In order to give the affected providers time to comply with the requirement, claims with the date of service between **April 1, 2017** and **July 1, 2017** that do not meet this requirement will continue to be paid and a reminder notice will be provided to the provider of such claims. All claims which are submitted for dates of service beginning and after **July 1, 2017** which do not comply with the requirement will be denied.

## NEW PARTNERSHIP WITH CDR ASSOCIATES

Aetna Better Health of Kentucky has adopted a program of periodically reviewing hospital credit balances. This program was developed in an effort 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 to review any medical claim/claims 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 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*
*POB 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.

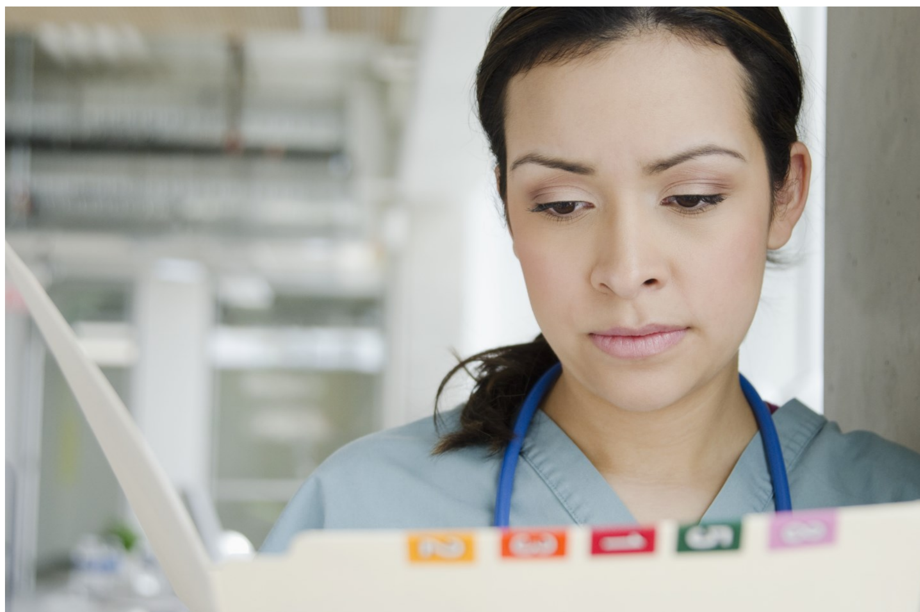
## NEW CROSS CLAIM POLICY BE IMPLEMENTED

Effective **March 28, 2017**, Aetna implemented the following policy change:

- Aetna has developed the technology to look across claim types during claims adjudication. This will allow Aetna to correctly adjudicate claims where conflicts may exist between professional (CMS-1500) claims and institutional (CMS-1450) claims. For example:
- A procedure is reported by a physician in a place of service indicating a physician’s office while the same procedure is also reported by an ambulatory surgical center on a facility claim. This conflict would be identified so that the provider receives the appropriate reimbursement.
- A home infusion service is reported from a member indicating the service took place in a patient’s home on a CMS-1500 but a CMS-1450 claim indicates that the member was an inpatient during that period of time. This conflict would be identified so that the home infusion provider receives appropriate reimbursement.

Implementing this new payment policy capability to evaluate services across claim types will enable Aetna to more accurately and appropriately adjudicate services.

# CLAIM RECONSIDERATION PROCESS DISCONTINUED



The following changes are effective immediately, regarding Aetna Better Health of Kentucky Appeal processes that affect our providers. Aetna Better Health of Kentucky has discontinued the reconsideration process. This includes use of the claim reconsideration form.

Please note the following information which will help to direct your inquiries to the correct area and in many cases may help your case to be processed more quickly.

Each CMS 1500 corrected claim must clearly indicate "corrected" or "resubmittal". Corrected claims must use the appropriate type of bill to indicate a correction. All Claim lines must be submitted on corrected claims.

In the future if you dispute a claim please call Claims Inquiry/Claim Reconsideration (CICR) at **1-855-300-5528** or your Provider Relations Representative to inquire about the dispute. If you still disagree with the outcome, an appeal is the way you can have the claim reviewed at a higher level. A provider appeal is an appeal about provider payment or a contractual issue. A provider appeal is the process that you should use if you have a dispute with a claim we failed to reimburse or reimbursed at less than the amount you expected.

It is helpful to your case if you clearly explain that you are filing an appeal and provide supporting documentation. You should use facts to explain why we should make a decision in your favor.

You must include a written letter that states you're requesting an appeal. Appeals submissions are not only accepted but welcomed by both email and fax. Send your appeal and supporting information to the address below:

Aetna Better Health of Kentucky
Attn: Complaint & Appeals Department
9900 Corporate Campus Drive, Suite 100
Louisville, KY 40223

Aetna Better Health of Kentucky has a new email address for External Review request submissions. The current email address to use for submission of state external review requests for providers is:

- **AetnaExternalReview@aetna.com**

Requests are welcomed by email, fax and mail

- Fax: **1-855-454-5585**
- Email: **KYAppealandGrievance@aetna.com**

- Provider appeals must be received in our offices within one year from the incident, remit date or date of our last denial letter. Any requests received outside this timeframe are considered untimely per Kentucky regulations, and cannot be processed.

## MEDICAL RECORDS AND CLAIMS REVIEW

Aetna Better Health regularly reviews and analyzes claim handling practices to identify opportunities for improvement. To that end, we are pleased to announce that as of **April 2, 2017,** we are working with Cotiviti Healthcare (Cotiviti) to assist us with provider claim reviews and reimbursement review practices. Cotiviti performs reviews of medical records for services rendered and conducts post payment reviews of medical claims. Lastly, Cotiviti will assist in identifying other insurance that the member might have.

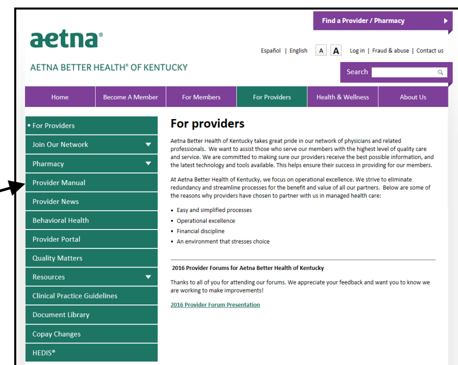
In the upcoming days or weeks, you may receive a letter from Cotiviti requesting additional information pertaining to our reviews.

If you have any questions about this review process, simply call your Provider Relations Representative. Our Provider Relations Representative List is located on the last page of this newsletter.

## UPDATED 2017 PROVIDER MANUAL AVAILABLE

Please visit our “**For Providers**” section of our website at **www.aetnabetterhealth.com/kentucky**. On the left hand side of the screen you will find several drop down boxes:

Simply click on “**Provider Manual**” and you will be directed to our updated **2017 Provider Manual**. Our newly updated Provider Manual will give you all the information you need as a network provider for Aetna Better Health of Kentucky.




## POSITIVE OUTCOMES Continued

John was approved for Hepatitis C treatment and successfully completed 12 weeks of medication therapy with no evidence of disease at the end of treatment plan.

As his Care Manager, Mary entered into a working relationship with John. Through regular contact, John was able to reduce his anxiety and stress levels, he was able to lower cholesterol levels through diet modification and his cholesterol medication was discontinued. John also maintained six months of sobriety. John ultimately has found employment and no longer receives Medicaid benefits.

# DO YOUR PATIENTS NEED INTEGRATED CARE MANAGEMENT SERVICES?

The Aetna Medicaid Integrated Care Management (ICM) Program is a collaborative process of bio psychosocial assessment, planning, facilitation, care coordination, evaluation, and advocacy for service and support options to meet a member's needs. Aetna Better Health of Kentucky offers Disease Management (DM) programs to patients with asthma, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), depression, and chronic renal disease (CRD).

Aetna Better Health of Kentucky believes it is important to have a program to promote the engagement of pregnant women who have significant opiate use or opiate addiction in prenatal care management. Care management will continue with the same Case Manager (CM) for the mother and baby for the first year of the baby's life. The goal of the program is to identify pregnant woman with Substance Use Disorder (SUD) and refer them for treatment to reduce the incidence of neonatal abstinence syndrome.

Aetna Better Health of Kentucky has a Foster Care Case Management Team that works collaboratively with the Department for Community Based Services (DCBS), state agencies and service providers to improve the quality of care for plan members and their families. The care management team provides behavioral and medical support for children who are medically fragile, currently hospitalized, and those at medical risk. A case manager will work with DCBS focusing on member's inpatient status at a behavioral health facility and members who are being decertified. These coordination services are individualized, member-centered and comprehensive.

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

# CASE MANAGEMENT HEP C PROGRAM

Aetna Better Health of Kentucky partners with our providers to help members achieve the best health outcomes possible. The Hep C Program will provide specialized case management services and support for your patient. Throughout your patient's plan of care, our nurse case managers are in regular contact with them providing updates, reminders, and assistance with their holistic healthcare needs. Our goal is to support optimal health status for each member.

**How to send a Hepatitis C referral to Case Management Services at Aetna Better Health of KY:**

Please email or fax the member name and phone number along with your provider name and phone number, and any pertinent clinical information.

- DIRECT FAX: **855-454-5044**
- EMAIL: **KentuckyAetnaBetterHealthHepC@AETNA.com**

You can find the following documents on our website, as follows:

- HEPATITIS C Prior Authorization (PA) Form: **https://www.aetnabetterhealth.com/kentucky/assets/pdf/Pharmacy/ABH-KY_Hepatitis_C_Fax_Form.pdf**
- HEPATITIS C (PA) GUIDELINES : **https://www.aetnabetterhealth.com/kentucky/assets/pdf/Pharmacy/**

## BEHAVIORAL HEALTH & SUBSTANCE ABUSE

Behavioral health and substance use services are covered services for Aetna Better Health members. Providers, members or other responsible parties should contact Aetna Better Health directly at **1-888-604-6106** to verify available behavioral health and substance use benefits. Aetna Better Health provides a comprehensive range of behavioral health care services for our members. Services include:

- outpatient routine office visits for therapy and medication management
- hospital based services for both behavioral health and substance dependence disorders
- home-based therapy services
- access to many helpful community based resources

**Did You Know about the AETNA BETTER WAY TO HEALTH INCENTIVE PROGRAM?**

Members can earn a $20 gift card after they complete the following checkup:

- a follow-up visit with a mental health practitioner within seven (7) days of discharge after a hospitalization for mental illness (6 years of age or older)

**What You Can Do:** Explain the importance of follow-up to your patients and the Aetna Better Way to Health Incentive Program.

**HEDIS® Technical Specification**: Follow-Up After Hospitalization for Mental Illness (FUH) Patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental Health. Two rates are reported: Follow-Up within 7 and 30 days of discharge.

## PREVENTION & WELLNESS • DENTAL SERVICES

Did you know that Kentucky Medicaid covers dental services for children from birth. We want to encourage dental visits by using the code D0145 (oral evaluation for a patient under three years old and counseling with primary caregiver). Other codes that will be useful for Medicaid covered services are:

| CDT CODE | NOMENCLATURE |
|---|---|
| D0120 | Periodic oral evaluation – established patient |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver |
| D0190 | Screening of a patient |
| D0191 | Assessment of a patient |
| D1206 | Topical application of fluoride varnish |
| D2390 | Resin-based composite crown, anterior |
| D7411 | Excision of benign lesion greater than 1.25 cm |
| D9223 | Deep sedation/general anesthesia – each 15 minute increment |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment |
| D9410 | House/extended care facility call |
| D9986 | Missed appointment |
| D9987 | Cancelled appointment |

For further information on services covered, please visit the following websites:

907 KAR 1:026. Dental services' coverage provisions and requirements – **http://www.lrc.state.ky.us/kar/907/001/026.htm**
907 KAR 1:626. Reimbursement of dental services – **http://www.lrc.state.ky.us/kar/907/001/626.htm**

# MEDICARE CROSSOVER EDIT ADDED

Aetna Better Health of Kentucky implemented a new claim processing edit as of **March 10, 2017,** to only allow Medicare Cross-over forms from those Provider Types specified by DMS. Please see the following chart for the full list provider types.

| PROVIDER TYPE | SERVICE TYPE | ACCEPTABLE FORM TYPES | CLAIM TYPE |
|---|---|---|---|
| 1 | Inpatient Hospital Care | UB04 | Inpatient |
| | Inpatient Hospital Care XOver | UB04X | Inpatient Crossover |
| | Hospital-Outpatient | UB04 | Outpatient |
| | Hospital-Outpatient XOver | CMS1500X | Professional Crossover |
| | Outpatient Hospital XOver | UB04X | Outpatient Crossover |
| 2 | Mental Hospital XOver | UB04X | Inpatient Crossover |
| 3 | Behavioral Health Organization (BHSO) XOVER | CMS1500X | Professional Crossover |
| | Behavioral Health Organization (BHSO) | CMS1500 | Professional |
| 4 | Psychiatric Residential Treatment Facility | UB04 | Inpatient |
| 5 | Psychiatric Residential Treatment Facility 2 | UB04 | Inpatient |
| 6 | Chemical Dependency | CMS1500 | Professional |
| | Chemical Dependency XOver | CMS1500X | Professional Crossover |
| 11 | Institutional XOver-ICF-MR | UB92X | Inpatient Crossover |
| 12 | Case Mix-Nursing Facility | UB04 | Long Term Care |
| | Case Mix-Nursing Facility XOver | UB04X | Inpatient Crossover |
| 18 | Private Duty Nursing XOVER | CMS1500X | Professional Crossover |
| | Private Duty Nursing | CMS1500 | Professional |
| 20 | Preventive Health | CMS1500 | Professional |
| | Preventive Services XOver | CMS1500X | Professional Crossover |
| 22 | Commission for Children w/ Special Needs (CSHC) | CMS1500 | Professional |
| 26 | Residential Crisis Treatment Stabilization Unit | CMS1500 | Professional |
| | Residential Crisis Stabilization Unit XOver | CMS1500X | Professional Crossover |
| 30 | CMHC XOver | CMS1500X | Professional Crossover |
| 31 | Primary Care Center | CMS1500 ADA | Professional Dental |
| | Primary Care XOver | CMS1500X | Professional Crossover |
| | Rural Health Clinic XOver | UB04X | Inpatient Crossover |
| | Rural Health Inpatient | UB04 | Inpatient |
| 32 | Family Planning | CMS1500 | Professional |
| 34 | Home Health XOver | UB04X | Outpatient Crossover |
| | Home Health | UB04 | Home Health |
| 35 | Rural Health Clinic | CMS1500 ADA | Professional Dental |
| | Rural Health Clinic XOver | CMS1500 | Professional Crossover |
| 35 | Rural Health Inpatient | UB04 | Inpatient |
| 36 | Ambulatory Surgery | CMS1500 | Professional |
| | Ambulatory Surgery XOver | CMS1500X | Professional Crossover |
| 37 | Independent Laboratory XOver | CMS1500X | Professional Crossover |
| | Independent Lab | CMS1500 | Professional |
| 39 | Renal Dialysis Clinic | UB04 | Outpatient |
| | Renal Dialysis XOver | UB04X | Outpatient Crossover |
| 40 | EPSDT | CMS1500 | Professional |
| 44 | Hospice | UB04 | Home Health |
| 45 | EPSDT – Related Services | CMS1500 ADA | Professional Dental |
| 50 | Hearing Aid Dealer XOver | CMS1500X | Professional Crossover |
| | Hearing Aid Dealer | CMS1500 | Professional |
| 52 | Optician XOver | CMS1500X | Professional Crossover |
| | Optician | CMS1500 | Professional |
| 54 | Pharmacy | MAP-20<br>MAP-21 | Pharmacy |
| | Pharmacy XOver | CMS1500X | Professional Crossover |
| 55 | Transportation XOver | CMS1500 | Professional Crossover |
| | Transportation | CMS1500 | Professional |

| PROVIDER TYPE | SERVICE TYPE | ACCEPTABLE FORM TYPES | CLAIM TYPE |
|---|---|---|---|
| 56 | Non-Emergency Transportation | CMS1500 | Professional |
| 57 | Non-Emergency Transportation Broker | CMS1500 | Professional |
| 60, 61 | Dental | ADA | Dental |
| | Dental XOver | CMS1500X | Professional Crossover |
| 62 | Licensed Professional Art Therapist (LPAT) | CMS1500 | Professional |
| | Licensed Professional Art Therapist (LPAT) XOver | CMS1500X | Professional Crossover |
| 63 | Licensed Behavioral Analyst (LBA) | CMS1500 | Professional |
| | Licensed Behavioral Analyst (LBA) XOver | CMS1500X | Professional Crossover |
| 64, 65 | Physician | CMS1500 | Professional |
| | Physician XOver | CMS1500X | Professional Crossover |
| 66 | Behavioral Health Multi-Specialty Group | CMS1500 | Professional |
| 70 | Audiologist XOver | CMS1500X | Professional Crossover |
| | Audiologist | CMS1500 | Professional |
| 74 | Nurse Anesthetist XOver | CMS1500X | Professional Crossover |
| | Nurse Anesthetist | CMS1500 | Professional |
| 76 | Multi-Therapy Agency | CMS1500 | Professional |
| | Multi-Therapy Agency XOver | CMS1500X | Professional Crossover |
| 77 | Optometrist XOver | CMS1500X | Professional Crossover |
| | Optometrist | CMS1500 | Professional |
| 78 | Certified Nurse Practitioner XOver | CMS1500X | Professional Crossover |
| | Certified Nurse Practitioner | CMS1500 | Professional |
| 79 | Speech - Language Pathologist | CMS1500 | Professional |
| 80 | Podiatry | CMS1500 | Professional |
| | Podiatry XOver | CMS1500X | Professional Crossover |
| 81 | Licensed Professional Clinical Counselor | CMS1500 | Professional |
| 82 | Clinical Social Worker | CMS1500 | Professional |
| 83 | Licensed Marriage and Family Therapist | CMS1500 | Professional |
| 84 | Licensed Psychological Practitioner | CMS1500 | Professional |
| 85 | Chiropractor XOver | CMS1500X | Professional Crossover |
| | Chiropractor | CMS1500 | Professional |
| 86 | Other Lab & X-Ray Services XOver | CMS1500X | Professional Crossover |
| | Other Lab & X-Ray | CMS1500 | Professional |
| 87 | Physical Therapist XOver | CMS1500X | Professional Crossover |
| | Physical Therapist | CMS1500 | Professional |
| 88 | Occupational Therapist XOver | CMS1500X | Professional Crossover |
| | Occupational Therapist | CMS1500 | Professional |
| 89 | Psychologist | CMS1500 | Professional |
| 90 | DME Supplier XOver | CMS1500X | Professional Crossover |
| | DME Supplier | CMS1500 | Professional |
| 91 | CORF XOver | UB04X | Outpatient Crossover |
| 95 | Physician Assistant | CMS1500 | Professional |
| | Physician Assistant XOver | CMS1500X | Professional Crossover |

- This chart is subject to change
- This chart is only related to MCO (Managed Care Organization) encounter submission requirements
- Source: DMS Claim Type Provider Type Cross Reference_v12 dated 01/31/2017

## How Do I Contact My Provider Relations Representative?

| REGION | NAME | TELEPHONE | EMAIL |
| --- | --- | --- | --- |
| Region 1 | Regina Gullo | 502-612-9958 | rlgullo@aetna.com |
| Region 2 | Phillip Kemper | 502-719-8604 | pxkemper@aetna.com |
| Region 3 | Danette Matthews | 502-269-2040 | matthewsd@aetna.com |
| Region 3 | Jacqulyne Pack | 606-331-1075 | jmpack@aetna.com |
| Region 4 | Brad Jones | 270-349-0103 | JonesB11@aetna.com |
| Region 5 | Tanura Moss | 859-381-7404 | MossT2@aetna.com |
| Region 5 | Sherry Farris | 513-218-7725 | sxfarris@aetna.com |
| Region 6 | JoAnn Marston | 859-669-6217 | jxrose@aetna.com |
| Region 7 | Holly Smith | 815-641-7411 | SmithHS@aetna.com |
| Region 8 | Jacqulyne Pack | 606-331-1075 | jmpack@aetna.com |
| CMHCs and Baptist Corbin | Lori Kelley | 859-302-6334 | KelleyL2@aetna.com |
| Behavioral health providers, please find your representative by region listed above. | | | |
| Physician Groups | | | |
| TPN, KYPCA, APCP and Kentucky One | Abbi Wilson | 270-498-1443 | axwilson4@aetna.com |

## IMPORTANT TELEPHONE NUMBERS

| | |
| --- | --- |
| Member Services Department | 1-855-300-5528 |
| Prior Authorization Department | 1-888-725-4969 |
| Provider Relations Department | 1-855-454-0061 |
| State Eligibility Verification | 1-855-824-5615 |
| Behavior Health 24/7 Service Line | 1-888-604-6106 |
| 24-Hour Informed Health Line | 1-855-620-3924 |

**NOTICE:** Aetna Better Health of Kentucky employees make clinical decisions regarding healthcare based on the most appropriate care, service available and existence of benefit coverage. Aetna does not reward providers or other employees for any denials of service.

Aetna does not use incentives to encourage barriers to care and service. Aetna prohibits any employee or representative of Aetna from making decisions regarding hiring, promoting, or termination of providers or other individuals based upon the likelihood or perceived likelihood that the individual or group will support or tend to support the denial of benefits.

**Notice:** Aetna Better Health of Kentucky does not reward practitioners or other employees for any denials of service. Aetna Better Health of Kentucky does not encourage or reward clinical decisions that result in decreased services.