

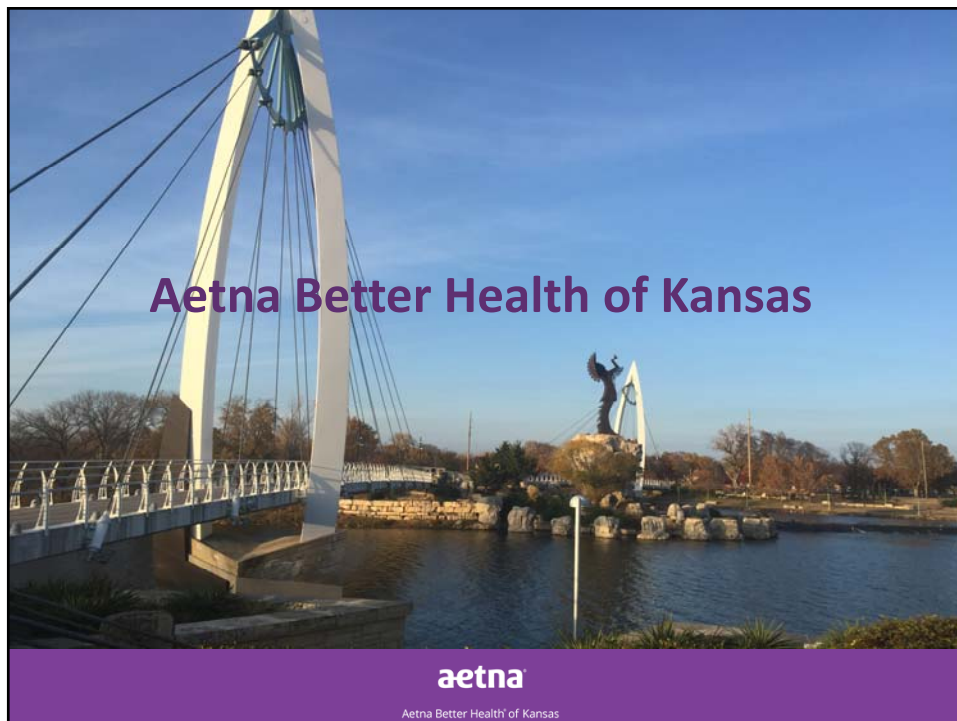


Educational Webinar: KanCare Contract Awarded to Aetna Better Health of Kansas

For Audio, please call the following:

U.S. and Canada Toll Free: (800) 263-0877
Required Participant Passcode: 8958030

OUR MISSION | To be the leading advocate and resource for members.¹



“All health care is human care. We can never forget that we’re in the business of people, and their ability to achieve their life’s ambitions through overall good health.”

-- Karen Lynch



Aetna Better Health[®] of Kansas

Our members are at the center of everything we do



Aetna at a glance:

50,000 employees

23.5 million medical members

\$61 billion revenue

160 years of national and international experience

3rd largest managed care organization in the U.S.

Aetna in Kansas:

- Kansas Based Network Development Team
- KanCare 2.0 will serve ~130k members with 500+ locally based employees
- Currently serving approximately 380K commercial and Medicare members

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Aetna Better Health[®] of Kansas

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Who We Are

Aetna Better Health of Kansas is the operating MCO Name

Separate Operations from our Commercial/Medicare Advantage Plans in Kansas

- Designated staff, with Kansas based Executive Leadership for KanCare
- Kansas-based Member/Provider Customer Service Call Centers
- 3 office locations
 - Overland Park
 - Topeka
 - Wichita
- Local Network Development & External Provider Liaisons – for Face-to-Face interaction

Pending KDHE Approval Disclaimer

Aetna Better Health of Kansas has submitted all of the applicable provider contract templates for KDHE approval.

Some of the information and contract documents may need to be updated, upon receipt of KDHE approval.

Thank you for your cooperation during this process

KanCare Implementation Timeline for Aetna

- Amerigroup members will be assigned to Aetna, but can choose any of the three MCOs
- All members will receive enrollment packets, beginning in October, and will be allowed a new MCO choice period that runs until April 3, 2019
- December 2018 – Member Plan / PCP assignments
- January 1, 2019 - “Go Live” for Aetna Better Health of Kansas

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Becoming a Participating Provider



Aetna Better Health of Kansas

Building Blocks for Aetna's Medicaid Network

Utilizing 3 Avenues to Expedite the Network Build

1. Children's Mercy Family Health Partner Agreements
2. Amendment to Your Aetna Commercial/Medicare Agreement
3. Aetna Better Health of Kansas Direct Agreement

Children's Mercy Family Health Partner (CMFHP) Agreements

Access to the CMFHP agreements through the provider assignments at the time Coventry purchased CMFHP effective 1/3/12; and then by virtue of the acquisition of Coventry by Aetna on 5/7/13

Fall/2017 –Eligible providers were sent a letter that informed of our intent to access their agreement with steps to “opt-out” if desired.

Aug/Sept –

1. Telephonic outreach by Aetna staff to providers with valid CMFHP agreements to facilitate the credentialing process, obtain current demographic information and rosters. This is to **ensure correct information is loaded into our Provider & Claims Platforms and that you are a current Kansas Medicaid provider today.**

KanCare Regulatory Addendums will be sent upon receipt of KDHE approval

Amendment to Your Aetna Commercial Agreement

Upon KDHE approval:

Providers will be receiving a letter that contains the following:

- Applicable amendment
- Kansas Medicaid Product Attachment that will outline reimbursement terms and KanCare product participation
- Kansas Medicaid Regulatory Compliance Addendum
- Applicable credentialing application or demographic review sheet
 - ❖ We recognize that you are credentialed with Aetna, however we need current information to **ensure correct information is loaded into our Provider & Claims Platforms and that you are a current KS Medicaid provider today**

Aetna Better Health of Kansas Direct Provider Agreements

Upon KDHE approval:

For Providers who were not part of the CMFHP network or Aetna's Commercial/Medicare Network:

- Utilize telephonic outreach to email agreements directly
- Establishes a relationship with the negotiator to complete the contracting process

Aetna Better Health of Kansas Provider Credentialing

Follow the State Credentialing Requirements

Utilization of the State's Credentialing Forms

Will have Provider Supplemental Form to obtain additional information specific to Aetna Better Health data needs for provider directory, attributes, etc.

Items in Flight

The following items are in the process of being completed and submitted to KDHE for approval:

- 1. Provider Manual and Other Provider Collateral**
- 2. Prior Authorization Manual Prepared by KHA**
- 3. Appeals and Grievance Policies and Procedures & Other Key Policies & Procedures**
- 4. Provider Orientations and Webinars**

Key Information

Aetna Better Health will follow and utilize the following:



- **Aetna Utilizes MCG (Milliman Care Guidelines) for Medical Management**
- **Follow States timely filing of 180 days for original submission; 365 days for corrections, etc.**
- **Will follow the State's New Provider Credentialing Process being implemented for 1/1/2019**
- **Dental, Vision and NEMT will be subcontracted**

Provider Orientation and Welcome Documents

Starting Fall/2018 – Invites will be distributed to

- **Sign-up & Attend Webinars**
- **Register & Attend the "Statewide" Provider Town Hall Orientations**
- **External Provider Relations Staff will be in place**
- **Provider updates and additional information will be communicated via:**
 - **Newsletter (fax & email)**
 - **Update information on our website**
 - **Provider Relations staff provider visits**

Please contact us with any questions
At
ProviderExperience_KS@aetna.com
1-855-221-5656



Upcoming Changes to Provider Enrollment

January 1 2018: Effective January 1, 2018, all new provider enrollments and re-credentialed providers were required to enroll with KMAP in order to be enrolled/credentialed with an MCO.

November 1, 2018: All providers not currently enrolled with KMAP must complete the KMAP screening and enrollment process and receive a KMAP ID if they wish to continue contracting with an MCO.

January 1, 2019: MCO claims editing begins. *KanCare network providers must have an active KMAP ID or their claims will deny.*

The Provider Enrollment Wizard is located at the link below:
<https://portal.kmap-state-ks.us/ProviderEnrollment/EnrollmentCreate>

In compliance with the Centers for Medicare & Medicaid Services (CMS) Medicaid Managed Care Final Rule 2390F and 42 CFR 438.602(b)(1).
https://www.kmap-state-ks.us/Documents/Content/Bulletins/MCO_181315%20-%20General%20-%208%2018%20-%20Changes_Final.pdf
https://www.kmap-state-ks.us/Documents/Content/Bulletins/181625%20-%20General%20-%20PE_MCO.pdf



Kansas Modular Medicaid System (KMMS) Stage 1.5 Implementation date – January 1, 2019



The Enrollment Wizard will function as a central enrollment point for both KMAP and KanCare MCO enrollment.

New Functionality:

- Common Application available
- Attachments can be uploaded and systematically sent to MCO's via the portal
- MCO application will pre-populate
- Provider has the option of which MCO's they'd like to apply with for contracting
- Attestation consent & release form available on enrollment wizard
- Program information and requirements will pre-populate
- Ability to print enrollment application and attachments



Upcoming Education



More information available at:
www.kha-net.org/EducationConventionTS/EducationEvents/

**Refresher on the Basics of
Managed Care Contracting**

Register at:
www.registration.kha-net.org/

In June of 2018, the Kansas Department of Health and Environment announced that Aetna Better Health of Kansas will be replacing Advantage as one of the three health plans to manage the KanCare program, the state's preferred Medicaid program. High cost of the Kansas hospitals have caused managed care contracts with Aetna to be a constant problem for a Medicaid Advantage plan, some changes to these contracts will most likely need to be made to accommodate the additional KanCare contracting requirements set out by KDHE. In addition, with Aetna's acquisition of Centene Health Care in 2015 as well as Centene's 2012 acquisition of Family Health Partners, one of the previous Medicaid MCOs in Kansas, hospitals should already aware these existing contracts to understand the issues and conditions currently in place as well as the impact of an additional in a new contract specific to the KanCare program.

Registration fee:
\$25

Join us for a KHA Noon Briefing on Thursday, August 23, where Lacey Bond, attorney with Spruce Peak LLP will provide a live overview of managed care contracting as well as a variety of critical elements contained in the Aetna Kansas contracts provided to KDHA, tips for negotiating favorable terms, and what next implications of consolidated negotiations. In addition to these activities, participants will be provided a networking checklist to assist them in setting managed care contracts.

Webinar Connection Fee:
\$25 for KHA Members

REGISTER

Questions: Contact KHA Education Department at (785) 233-7430 or email educ@kha-net.org



Questions ?

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