

Aetna Better Health of Kansas

FAQ's from 8/16/18 Webinar

General

1. We understand that the injunction and protest by Amerigroup as well as the protests by Wellcare and AmeriHealth will delay some of the critical timelines to ensure a successful implementation of January 1, 2019.
 - a. Is there anything that hospitals and providers can do right now?
 - b. When do you expect that you can move forward?

The direction we have from KDHE is to continue working on implementation with services starting on January 1, 2019. We are having weekly meetings with the state and their fiscal agent to prepare systems and data transfers as well as understanding the processes for state policy changes. We have received approval for our templates. We will be getting these out for your review as quickly as possible. You should receive by the end of next week (September 14th.)

Beneficiary Assignment

1. Explain the process of the auto assignment of members of Amerigroup to Aetna Better Health of Kansas. Will Amerigroup patients receive a letter with explaining they are auto assigned to Aetna will instructions on how to change health plans?

Our understanding from the state is that current Amerigroup members will get a letter in September indicating that they have been assigned to Aetna Better Health for services beginning January 1, 2019. If a member wants to select a different health plan, they will be able to call the state enrollment center to make and different choice or return a form included in the member mailing.

2. What happens during the annual KanCare Open Enrollment period?

The process will be the same as prior open enrollment periods. KanCare members will be able to call the state enrollment center to choose among the current health plans beginning in October through December.

3. Will you be assigning patients to primary care physicians in December? What steps is Aetna taking to ensure provider contracts are reviewed and loaded into your system prior to December?

Are we going to assign in December after the eligibility file is received on December 20. We are actively working to recruit providers, get signed contracts, complete the credentialing process and load the provider contracts into our systems before January.

4. Will members be limited on the number of times they can switch plans during the open enrollment period?

Members may switch as many times as they want.

5. Will the patients assigned to Aetna Better Health of Kansas have their ID cards by January 1, 2019? Is there a way to verify assignment on KMAP?

State is sending us the first 834 on 12/20, and Enrollment is on target to have the member cards to the members by January 1. The challenge will be the PCP since the state will not send this information over to us, and there will be many calls coming in to change their primary care provider. The member information including MCO assignment will be on KMAP after the eligibility file for January is created on December 20.

Claims Processing and Reimbursement

1. Will your claims processing platform allow for claims corrections, claims cancellations, reconsiderations, etc. on line?

Aetna Better Health of Kansas has a relationship with Change Healthcare, our clearinghouse to offer online claim submissions. Change Healthcare does allow for corrected claims along with claim cancellations. Please note:

- We do not accept direct EDI submissions from our providers.
- We do not perform any 837 testing directly with our providers, but perform such testing with Change Healthcare.
- For electronic resubmissions, providers must submit a frequency code of 7 or 8. Any claims with a frequency code of 5 will not be paid.

Our Payer ID assigned by Change Healthcare is: 128KS

Providers can submit reconsiderations, along with appropriate attachments through our Secure Web Portal. Access to our portal is not yet available, however, we will share the date the portal is available as soon as possible. Will notify KHA and KMS when it the portal is available for provider enrollment and we will include information about the portal in our provider training in November and December.

We do allow for paper claims submissions as well. To submit a paper claims, please send to:

Aetna Better Health of Kansas
P.O. Box 61838
Phoenix, AZ 85082

2. How often will you be sending out checks?

Aetna Better Health of Kansas will process provider checks twice a week.

3. Who will be the claims clearinghouse for the Aetna Better Health of Kansas claims?

Aetna Better Health of Kansas' clearinghouse is Change Healthcare. To set up connectivity with Claim Check, please reach-out to them directly at <https://www.changehealthcare.com/>

Change Healthcare offers testing to ensure data connectivity.

Providers may use a smaller clearinghouse that then submits to Change Healthcare on their behalf.

4. How do you plan to handle recoupments/overpayments? Will you auto offset or will you accept checks from providers?

Claim corrections will be processed promptly as soon as the need for correction has been identified by Aetna Better Health. Previously paid claims will be reversed in their entirety and an adjustment claim will be processed paying the claim as it should be paid. If the provider has sent a refund check for the overpayment/incorrect payment, it will be applied to the reversal claim to not recoup or offset the funds from the provider when it processes. If the provider has not sent a refund check, the reversal claim will be recouped or offset against other claims that are processing and a payment issued for the net amount.

Recoupments/offsets will continue to be recouped against future claim payments until the full amount of the recoupment/offset has been satisfied or the provider issues a refund check.

5. Will you be using standard claims processing CARC (Claims Adjustment Reason Codes) and RARC (Remittance Advice Remark Codes)?

Aetna Better Health of Kansas will use standard CARC and RARC codes when processing claims

6. How do providers sign up for EFT and 835s?

Aetna Better Health of Kansas offers provider EFT and ERA (835) enrollment directly through our Secure Web Portal. Our Provider Experience team will also upload EFT and ERA (835) enrollment forms directly to the provider form section of our public facing website. Access to our portal is not yet available; however, the portal will be available for provider enrollment closer to our effective date.

7. Will claim information and eligibility be available on Availity as it is for your commercial products?

Availity is the platform used by Aetna Commercial plans. Aetna Better Health of Kansas operates on a different platform for Medicaid programs.

8. Will you use an Aetna claims processing system or the old Children's Mercy Family Health Partners system?

No, Aetna Better Health of Kansas will operate its own claims processing system.

9. Will your system automatically calculate our Rural Health Clinic (RHC) rates?

Yes. Aetna Better Health of Kansas will load Rural Health Clinics into the claims payment system with the PPS rates as specified by the state.

10. Will the RHCs be reimbursed on a per diem payment?

Rural Health Clinics will receive payments based on the state Prospective Payment System rates.

11. Will Aetna use the KMAP ID number as the patient ID number to be consistent with the other health plans?

We will use the KMAP number as the member id.

Communication

1. How do I communicate with staff from Aetna Better Health of Kansas to discuss any questions or concerns that I may have regarding contracting, credentialing, etc.?

You can reach out to Mike McClure, the Aetna Better Health of Kansas Network Manager. His email is mkmclure@aetna.com

2. Can additional email addresses be added to allow for billing and coding staff to receive newsletters and other communications in addition to the administrative staff?

Aetna Better Health of Kansas' Business Application System only allows for storing of 1 email per record. However, we do suggest office managers supply their email address on the original provider application so they can triage accordingly and forward emails to internal departments as appropriate. All newsletters, faxes and email blasts are available via our Secure Web Portal and accessible to office staff upon enrollment into that portal. Office managers are able to add users and set permission levels within the portal. Access to our portal is not yet available; however, the portal will be available for provider enrollment closer to our effective date.

3. Will Aetna have a listserv to allow providers to sign up for electronic news alerts?

We do not use a "list serv" service, but we do collect email addresses from the credentialing information provided and send out network updates via email. See question 2 above.

Continuity of Care

1. Explain the process for continuity of care with the transition from Amerigroup to Aetna?
 - a. How will providers receive or know of a prior authorization that was obtained by Amerigroup?

Aetna has a transition of care team. We will work the state and other MCOs to determine optimal timing of receipt of existing authorizations. Depending upon the file type provided, Aetna will work with the state and other MCOs for automatic upload of the authorizations for seamless transition. Authorizations will be monitored by clinical and IT staff for quality analysis.

- b. What is the length of time allowed for continuity of care?

The KanCare contract requires a 90 day continuity of care period for all members. Aetna Better Health of Kansas will honor all claims and authorizations that are current for 90 days.

2. How will our claims be reimbursed during the Continuity of Care period? If we are in the contracting/credentialing phase, will our reimbursement be 100% of the KMAP fee schedules until our contracts and credentialing are completed?

Claims will be reimbursed at 100% of the KMAP schedule (if prior authorization is received) until contracts and credentialing is completed.

3. During the initial roll out of KanCare in 2013, prior authorization requirements were waived during the continuity of care period. Will the prior authorization requirements for services provided to Aetna Better Health of Kansas patients be waived under the continuity of care period?

For the first 90 days, members will be in transition of care. Authorizations will not be needed for already established services, but will be needed for new services.

Credentialing/Contracting/Network

1. The State has mandated the use of a uniform Disclosure of Ownership form for KanCare. Will you require a new Disclosure of Ownership form during the credentialing period or will you be able to use the existing Aetna form?

Aetna Better Health of Kansas will require an updated State of Kansas Disclosure of Ownership form.

2. What is the NCQA guideline for backdating credentialing/contracting?

We cannot backdate a credentialing authorization date before a contract is finalized.

3. How will you pay for services provided by non-participating providers?

If a service is prior authorized for a non-participating provider we will reimburse at 100% of the Kansas Medicaid rate, with the exception of providers that we have made a good faith effort to contract with (per terms of the KanCare program) that have refused to contract, we will pay at 90% of the Kansas Medicaid rate.

4. Will the effective dates of the providers be available on Aetna's website to view?

Effective dates are not listed on our website.

5. When do you expect to have contracts, amendments, notifications, etc. in the hands of providers?

We have now received approval of our templates from the state. We anticipate that these contracts and/or amendments will go out over the next week to two weeks.

6. If a provider initially "opted out" of being included in the Aetna Better Health of Kansas network, what do we need to do to "opt in"?

You may contact Mike McClure to notify your intent.

7. Explain the various contracts/networks my hospital may have that would tie to Aetna Better Health of Kansas?

- a. Aetna Health Inc.
- b. Aetna Life Insurance Company
- c. Coventry Health Care of Kansas, Inc.
- d. Coventry Health and Life Insurance Company
- e. Coventry Health Care National Network, Inc.
- f. Preferred Health Systems
- g. Family Health Partners

8. If we have a Coventry contract that has been "deemed" over to Aetna, will I be required to have an addendum to my Coventry contract?

Yes, if required by your current contract. You will be provided an amendment that includes Medicaid pricing and a Medicaid regulatory compliance addendum to be added to the current contract. Some provider agreements only require notification. If so, you will be notified with an "opt out" provision.

9. During the August 16 webinar, the presenter indicated that in addition to the State's credentialing forms, there will be a Provider Supplemental Form that is required for credentialing. The

Supplemental form will be used obtain additional information for the provider directory and attributes. Please explain what you mean by attributes.

Attributes are data elements that are needed to be included in the KanCare provider directory as required by the contract.

10. Will the effective dates for credentialing as well as reimbursement rates be back dated to January 1, 2019, since the timeline will not likely allow enough time for us to get the contracts and credentialing through your approval processes?

If a provider is currently credentialed thru Aetna, there will not be additional credentialing steps (we will accept the commercial credentialing), but as described above we will be working with to insure that we have all the updated demographic information and elements needed for our directory, claims system... Based on NCQA requirements, Aetna cannot back date credentialing effective dates.

11. How will reimbursement be affected if credentialing is not complete, but contracts signed prior to January 1, 2019?

Any non-par provider will require all services to be prior authorized. For services prior authorized, the reimbursement would be 100% of the Kansas Medicaid fee schedule.

12. If a provider has applied for, but not yet received a KMAP ID, can the provider submit credentialing and contracting paperwork to Aetna?

Yes, the contracting and credentialing process may be started, but we are unable to finalize until the KMAP ID is received.

Education

1. Do you have any scheduled meetings to allow for providers to meet with Aetna representatives and to provide a forum to ask additional questions?

We are working on the meeting schedule for October and November.

2. Will Aetna Better Health of Kansas be available at the Kansas Medical Group Management Association meeting in Overland Park in September?

Yes

Prior Authorizations

1. What are the PA requirements for services provided by non-participating providers?

PA is required for all non-participating providers

2. Will there be a website lookup for PA requirements?

Yes through the provider portal

3. Will Aetna be adding their PA requirements to KHA's KanCare PA Guide?

Yes

Provider Manuals

1. When will the Provider Manual be available for providers?

We anticipate it to be available sometime in the fourth quarter, by December 1st at the latest.

Subcontractors

1. Who will Aetna subcontract with for vision, dental, non-emergency transportation, etc?

The contracts with subcontractors are being finalized. The vendors are working in the state as part of the KanCare program.

2. Will ophthalmologists be included as a subcontractor?

Yes