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
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
Becoming a Participating Provider
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
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.
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