

**Aetna Better Health® of Kansas**  
9401 Indian Creek Parkway, Suite 1300  
Overland Park, KS 66210



## **Aetna Better Health® of Kansas**

### Prior Authorization, Retroactive Enrollment and Member MCO Changes

**UPDATE: Effective August 1, 2023, Aetna Better Health of Kansas has made changes to the process of reviewing claims for members who receive retroactive eligibility.**

What has changed? Effective August 1, 2023, for members who receive retro eligibility, prior authorization will continue to be waived for services provided; however, if the services provided normally require clinical review (such as an Inpatient Admission or Outpatient Services) these claims will now require medical necessity review.

What does this mean? Prior Authorization will still be waived for services; however, claims that normally require clinical review (such as Inpatient Admission or Outpatient Services) will require Medical Records to be reviewed for medical necessity. If the initial claim submitted includes medical records, then it will be sent for medical necessity review and processed accordingly. If the initial claim is submitted without medical records, it will be rejected with a request to resubmit the claim with the medical records. Resubmitted claims with medical records can either be filed through Availity, the ABHKS Medicaid Portal, or mailed to the below address:

Aetna Better Health of Kansas  
P.O. Box 982962  
El Paso, TX 79998-2961

The below items have been in effect since April 1, 2020 and there are no changes:

- If a member is retroactively enrolled with Aetna Better Health of Kansas, prior authorization requirements are waived for services provided between the member's retroactive effective date and the date the MCO receives the enrollment. For example, if we are notified on 2/25/2020 that a member will be retroactively enrolled effective on 12/01/19, we will waive the PA requirements for the services received between 12/01/2019 and 2/25/2020.

- If a member is enrolled with Aetna Better Health of Kansas on the date of an approved admission of an Inpatient Hospitalization and the member loses eligibility or changes MCOs during the Inpatient Hospitalization, Aetna Better Health of Kansas is responsible to pay the full Inpatient Hospitalization stay – admission date through discharge date.
- If a member is enrolled with another MCO on the date of admission of an Inpatient Hospitalization and the member becomes enrolled with Aetna Better Health of Kansas during the Inpatient Hospitalization, the facility charges are the responsibility of the MCO the member was enrolled with on the date of admission. Aetna Better Health of Kansas is responsible for professional services beginning with the date of service for which enrollment with Aetna Better Health of Kansas begins.

### **Questions?**

If you have general questions about this communication, please contact our Provider Experience Department:

By Phone: **1-855-221-5656**

By Email: **[providerexperienceks@aetna.com](mailto:providerexperienceks@aetna.com)**

**[AetnaBetterHealth.com/Kansas](https://www.aetnabetterhealth.com/Kansas)**

KS-20-03-09